

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402156069

Date Received:

08/27/2019

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Operator No: <u>10071</u>	Phone Numbers
Address: <u>555 17TH ST STE 3700</u>		Phone: <u>(303) 293-9100</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>()</u>
Contact Person: <u>Rusty Frishmuth</u>		Email: <u>rfrishmuth@hpres.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402156069

Initial Report Date: 08/26/2019 Date of Discovery: 08/26/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 26 TWP 11N RNG 63W MERIDIAN 6

Latitude: 40.887372 Longitude: -104.393268

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: OIL AND GAS LOCATION Facility/Location ID No 417953

Spill/Release Point Name: CC 30-26 PRV No Existing Facility or Location ID No.

Number: _____ Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Oil and Gas Production & range land

Weather Condition: Clear/Sunny

Surface Owner: FEE Other(Specify): 3 land owners impacted

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State Residence/Occupied Structure Livestock Public Byway Surface Water Supply Area

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

An upset condition overnight led to the production facility overpressurizing. Crude oil and produced water was released from the PRV on the inlet separator, a PRV at the sales gas meter and out of the flare. Prevailing high winds carried the liquid mist to the SE and SSE. Mist impacted facility access road, WCR 124, and three separate parcels of open range land. Cattle were in the area at the time but were not directly impacted by the release. Upon discovery the facility was shut in and crews began cleanup of onsite impacts. Cleanup operations of offsite impacts will be coordinated with landowners and Weld County. Further information will be provided in a subsequent Form 27.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/26/2019	Weld County OEM		-	via electronic reporting
8/26/2019	Land Owners	on file	-	via phone
8/26/2019	Weld County Public Works		-	via phone

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 08/26/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	25	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	25	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 1100 Width of Impact (feet): 1300

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 1

How was extent determined?

Field measurements

Soil/Geology Description:

Ascalon fine sandy loam and platner loam

Depth to Groundwater (feet BGS) 250 Number Water Wells within 1/2 mile radius: 3

If less than 1 mile, distance in feet to nearest	Water Well	<u>2821</u>	None	Surface Water	<u>2430</u>	None
	Wetlands	<u>2430</u>	None <input type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
	Livestock	<u>100</u>	None <input type="checkbox"/>	Occupied Building	<u>3163</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

REQUEST FOR CLOSURE

Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.

Basis for Closure: Corrective Actions Completed (documentation attached)

Work proceeding under an approved Form 27

Form 27 Remediation Project No: _____

OPERATOR COMMENTS:

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Dustin Watt

Title: Sr. EHS Specialist Date: 08/27/2019 Email: dwatt@hpres.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402156371	TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)