

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

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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> 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		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

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402156371	TOPOGRAPHIC MAP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)