

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:

402228321

Date Received:

11/01/2019

Spill report taken by:

Graber, Candice  
(Nikki)

Spill/Release Point ID:

467038

### SPILL/RELEASE REPORT (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>	<b>Phone Numbers</b> Phone: <u>( )</u> Mobile: <u>(303) 656-1838</u> Email: <u>dwatt@hpres.com</u>
Address: <u>555 17TH ST STE 3700</u>		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		
Contact Person: <u>Dustin Watt</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: \_\_\_\_\_

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/01/2019

Cause of Spill (Check all that apply)  Human Error  Equipment Failure  Historical-Unknown  
 Other (specify) \_\_\_\_\_

Describe Incident & Root Cause (include specific equipment and point of failure)

Well over pressurized causing a release from pressure relief valves on separators on location and carryover of oil through separator to flare stack. Root cause was determined to be a malfunction of the isolation valve between the wellhead and the inlet of the separator. The valve should have closed based on a high pressure signal from the well head. However, the isolation valve did not close allowing continued flow to 2- and 3-phase separators.

Describe measures taken to prevent the problem(s) from reoccurring:

Isolatin valve has been replaced and function testing has been conducted on all other similar isolation valves in the field to ensure they will function properly.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

### 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: 14358

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: Rusty Frishmuth

Title: EHS Director Date: 11/01/2019 Email: rfrishmuth@hpres.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)