

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:

402235478

Date Received:

11/12/2019

Spill report taken by:

Spill/Release Point ID:

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: EVERGREEN NATURAL RESOURCES LLC	Operator No: 10705	Phone Numbers
Address: 1801 BROADWAY SUITE 350		Phone: (719) 846-7898
City: DENVER	State: CO	Zip: 80202
Contact Person: Cheri Morgan		Mobile: ()
		Email: cheri.morgan@enrllc.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402235436

Initial Report Date: 11/11/2019 Date of Discovery: 11/06/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 13 TWP 32S RNG 67W MERIDIAN 6

Latitude: 37.264440 Longitude: -104.845820

Municipality (if within municipal boundaries): County: LAS ANIMAS

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No.
 Spill/Release Point Name: Cooper TR ☐ No Existing Facility or Location ID No.
 Number: 11-13 ☒ Well API No. (Only if the reference facility is well) 05-071-08525

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? No

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

Estimated Oil Spill Volume(bbl): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=1 and <5

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: Cold and Freezing but Sunny

Surface Owner: FEE Other(Specify):

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):

At this time, it appears that recent freeze may have caused the above ground valve on the gathering line at the well head to break allowing produced water to gather at the wellhead and flow across location along the berm & ended at the edge of the location. No state waters were impacted. The leak was isolated upon discovery and it is estimated that approximately 3 bbls of produced water was spilled. Plans for repairs and root cause investigation are being conducted.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/7/2019	COGCC	Jason Kosola	-	Email
11/7/2019	LACOG	Robert Lucero	-	Email
11/6/2019	Landowner	John Serra	-	Phone Call

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: 11/12/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	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? YES 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 type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 102		Width of Impact (feet): 28	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): _____	
How was extent determined?			
Visual Inspection and GIS Mapping			
Soil/Geology Description:			
From the NRCS Soil Survey Map: Allens Park - Wahatoya Complex			
Depth to Groundwater (feet BGS) 200		Number Water Wells within 1/2 mile radius: 1	
If less than 1 mile, distance in feet to nearest Water Well 976		None <input type="checkbox"/> Surface Water 948 None <input type="checkbox"/>	

Wetlands 0 None ☐Springs 0 None ☐Livestock 0 None ☐Occupied Building 836 None ☐

Additional Spill Details Not Provided Above:

The spill path started at the wellhead, disbursed to a path 28' wide and traveled 56' North to the berm/vegetative buffer at the edge of location, then traveled 46' to the East and stopped. There was still stormwater from snowmelt on location that contributed to the pooling at the Tr wellhead.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/12/2019

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)

Valve on the wellhead was old and not a frost free valve. This allowed water to be present at the well head and for the freeze to occur and brake the valve.

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

The broken valve was replaced with a frost free valve. Routine inspections will be made a priority.

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): 0Volume 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: _____

OPERATOR COMMENTS:

Produced water quality data from the well associated with or representative of the spill is attached. Evergreen and its consulting geochemical specialists have found, after 20 years operating in the Raton Basin CBM field, that soil sampling no longer adds useful data on smaller, short-term spills as land uses and the environment are not sensitive to short-term exposure to CBM produced water. Effects to soil chemistry from short-term CBM produced water spills are temporary and shallow for several reasons: the water does not contain crude oil or liquid hydrocarbons; the TDS is significantly less than 10,000 mg/L; it is suitable for livestock watering, wildlife and in many cases surface discharge. Mixed with other water it is suitable for irrigation without impact.

When requested by the agency or landowner Evergreen will collect new soil samples.
Evergreen Natural Resources request closure of this spill based on this statement and attached water quality data.

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

Signed: _____ Print Name: Cheri MorganTitle: Regulatory Specialist Date: 11/12/2019 Email: cheri.morgan@enrllc.com

COA Type

Description

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Attachment Check List

Att Doc Num **Name**

402236787	ANALYTICAL RESULTS
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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)