

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:

402235436

Date Received:

11/11/2019

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

469251

SPILL/RELEASE REPORT (INITIAL)

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

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

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
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: _____

OPERATOR COMMENTS:

Investigation and repairs are in process. Waiting on water quality data representative of the water from the wellhead will be attached with the supplemental filing.

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

Signed: _____ Print Name: Cheri Morgan

Title: Regulatory Specialist Date: 11/11/2019 Email: cheri.morgan@enrllc.com

COA Type

Description

	Operator shall provide root cause of spill and prevention procedures on Form 19 Supplemental within 10 days of spill as required per Rule 906.b
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Attachment Check List

Att Doc Num

Name

402235436	SPILL/RELEASE REPORT(INITIAL)
402235450	TOPOGRAPHIC MAP
402241362	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)