

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402241280

Date Received:

11/18/2019

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

469292

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>
Contact Person: <u>Cheri Morgan</u>		Mobile: <u>()</u>
		Email: <u>cheri.morgan@enrllc.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402241280

Initial Report Date: 11/17/2019 Date of Discovery: 11/13/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 21 TWP 32S RNG 67W MERIDIAN 6

Latitude: 37.240730 Longitude: -104.894830

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

Reference Location:

Facility Type: GAS GATHERING
PIPELINE SYSTEM

☒ Facility/Location ID No 427440

Spill/Release Point Name: Bladerunner

☐ No Existing Facility or Location ID No.

Number: 23-21

☐ 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): 0

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: CROP LAND

Other(Specify): _____

Weather Condition: Clear & Warm

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):

Evergreen supervisor doing checks noticed a second spill in the area of the Bladerunner Location. A valve was shut on Bladerunner 23-21 well causing the gathering line to pressure up and leak. It is estimated 58 bbls of produced water was released on location and ran off location along the edge of the lease road and into the field. No State Waters were involved and the landowner was notified. Root cause investigation is ongoing & further repairs are in progress.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/13/2019	COGCC	Jason Kosola	-	Email
11/13/2019	LACOG	Robert Lucero	-	Email
11/13/2019	Landowner	Warren McDonald	-	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:

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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: 11/18/2019 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

<u>Att Doc Num</u>	<u>Name</u>
402241280	SPILL/RELEASE REPORT(INITIAL)
402241282	TOPOGRAPHIC MAP
402242130	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)