

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:

402243176

Date Received:

11/19/2019

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

469292

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>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@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

| Date | Agency/Party | Contact | Phone | Response |
|------------|--------------|-----------------|-------|------------|
| 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: _____

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/19/2019

| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
|-----------------|---------------|-----------------|--------------------------|
| OIL | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| CONDENSATE | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| PRODUCED WATER | <u>58</u> | <u>0</u> | <input type="checkbox"/> |
| DRILLING FLUID | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| FLOW BACK FLUID | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| OTHER E&P WASTE | <u>0</u> | <u>0</u> | <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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 645 Width of Impact (feet): 2

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

Visual Inspection and GIS Mapping

Soil/Geology Description:

From the NRCS Soil Survey Map: Trujillo sandy loam

Depth to Groundwater (feet BGS) 50 Number Water Wells within 1/2 mile radius: 7

If less than 1 mile, distance in feet to nearest Water Well 1242 None Surface Water 940 None

Wetlands 0 None

Springs 91 None

Livestock 0 None

Occupied Building 711 None

Additional Spill Details Not Provided Above:

Empty box for additional spill details.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/19/2019

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)

While filling tanks in a storage area near location, the wrong valve was closed causing a tank to overflow (Spill # 402241276) which caused the closed off valve to create pressure back up in the produced water gathering allowing the line to rupture.

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

The line was repaired and proper standard operating procedures will be written and put in place for all individuals when working with staging areas and filling tanks. Supervisor on site will make sure clear and concise instruction and communication is used.

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: _____

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 Morgan
Title: Regulatory Specialist Date: 11/19/2019 Email: cheri.morgan@enrllc.com

| COA Type | Description |
|----------|-------------|
| | |

Attachment Check List

Att Doc Num

Name

402243386

ANALYTICAL RESULTS

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)