

# State of Colorado Oil and Gas Conservation Commission

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



Document Number:

402250666

Date Received:

11/30/2019

Spill report taken by:

Spill/Release Point ID:

## 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>HIGHPOINT OPERATING CORPORATION</u>	Operator No: <u>10071</u>	<b>Phone Numbers</b>
Address: <u>555 17TH ST STE 3700</u>		Phone: <u>(303) 2919100</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Rusty Frishmuth</u>		Mobile: <u>( )</u>
		Email: <u>rfrishmuth@hpes.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402250666

Initial Report Date: 11/29/2019 Date of Discovery: 11/29/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 24 TWP 11N RNG 63W MERIDIAN 6Latitude: 40.914400 Longitude: -104.377500Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 444290Spill/Release Point Name: CC Produced Water Spill ☐ 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? No

*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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: OTHER Other(Specify): Oil and Gas Production FacilityWeather Condition: overcast/coldSurface 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):

Water hauling company failed to close load out line valve, resulting in a produced water spill in containment.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/29/2019	Weld County OEM	D. Burns	-	online reporting form
11/30/2019	Land Owner	on file	-	email/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: Dustin Watt

Title: EHS Specialist Date: 11/30/2019 Email: dwatt@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)