

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:

402258474

Date Received:

12/10/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

469660

SPILL/RELEASE REPORT (INITIAL /w 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: GREAT WESTERN OPERATING COMPANY LLC

Operator No: 10110

Address: 1001 17TH STREET #2000

City: DENVER

State: CO

Zip: 80202

Contact Person: Jason Davidson

Phone Numbers

Phone: (720) 595-2132

Mobile: ()

Email: jdavidson@gwp.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402258474

Initial Report Date: 12/09/2019

Date of Discovery: 12/09/2019

Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 13 TWP 1S RNG 68W MERIDIAN 6

Latitude: 39.960395 Longitude: -104.941564

Municipality (if within municipal boundaries): County: ADAMS

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 320314

Spill/Release Point Name: North Colorado

☐ No Existing Facility or Location ID No.

Number: 44-13-9

☐ 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? No

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

Estimated Oil Spill Volume(bbl): Unknown

Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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: Partly cloudy, 33 degrees F

Surface Owner: FEE

Other(Specify): Miro and Tamara Gorenc

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):

Potential impacts to soil and shallow groundwater were discovered during removal of a produced water vault associated with plugging and abandonment of the facility.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/9/2019	COGCC	Chris Canfield	--	Email: chris.canfield@state.co.us
12/9/2019	Adams County	Gregory Dean	--	gdean@adcogov.org
12/9/2019	Adams County	Keith Huck	--	khuck@adcogov.org
12/9/2019	Fire District	Jeff Bybee	--	jeffbybee@northmetrofire.org
12/9/2019	Landowner	Tamara Gorenc	303-252-4010	Phone conversation at 15:20

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: 12/09/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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): _____		Width of Impact (feet): _____	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Not yet determined.			

Soil/Geology Description:

Ulm loam, 3 to 5 percent slopes

Depth to Groundwater (feet BGS) 7

Number Water Wells within 1/2 mile radius: 73

If less than 1 mile, distance in feet to nearest

Water Well 240 None ☐

Surface Water 100 None ☐

Wetlands 3000 None ☐

Springs None ☒

Livestock None ☒

Occupied Building 140 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/25/2019

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)

Unknown

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

Not applicable

Volume of Soil Excavated (cubic yards):

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment

☐ Other (specify)

Volume of Impacted Ground Water Removed (bbls):

Volume of Impacted Surface Water Removed (bbls):

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: 14768

OPERATOR COMMENTS:

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

Signed: Print Name: Jason Davidson

Title: Senior EHS Specialist Date: 12/10/2019 Email: j davidson@gwp.com

COA Type

Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402258474	SPILL/RELEASE REPORT(I/S)
402258478	TOPOGRAPHIC MAP
402260125	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)