

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	Phone Numbers Phone: (720) 595-2132 Mobile: () Email: jdavidson@gwp.com
Address: 1001 17TH STREET #2000		
City: DENVER State: CO Zip: 80202		
Contact Person: Jason Davidson		

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? 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): _____ 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: jdavidson@gwp.com

COA Type

Description

Attachment Check List

Att Doc Num	Name
402258474	SPILL/RELEASE REPORT(I/S)
402258478	TOPOGRAPHIC MAP
402260125	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)