

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:

402294441

Date Received:

01/24/2020

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

471003

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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	<b>Phone Numbers</b>
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(303) 597-6847</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>		Mobile: <u>( )</u>
Contact Person: <u>Phillip Porter</u>		Email: <u>COGCCSpillRemediati on@pdce.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402294441

Initial Report Date: 01/24/2020 Date of Discovery: 01/24/2020 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 29 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.112399 Longitude: -104.797044

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: Shivers  No Existing Facility or Location ID No.

Number: 1 & 14-29  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): <u>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>Unknown</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

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

Land Use:

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Sunny and cold

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):

During supplemental investigation activities, PDC discovered an historic release. PDC will prepare a remediation plan under a Form 271 and submit to the COGCC.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
1/24/2020	Surface Owner	NA	-	
1/24/2020	COGCC	Peter G.	-	
1/24/2020	Weld Co	NA	-	

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:**

\_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Phillip Porter

Title: Sr. EHS rep Date: 01/24/2020 Email: COGCCSpillRemediation@pdce.com

COA Type	Description
	Provide documentation justifying closure request within 45 days of release via supplemental form 19. If investigation and remediation require further actions beyond 45 days then submit form 27 for approval within 45 days of spill (9March2020).
	inspections indicate that a partly buried produced water vessel was present. Provide documentation of closure of this partly buried produced water vessel in first supplemental form 19 submitted with respect to this spill. Documentation could be a reference to a previous approved site investigation and remediation plan for this PBV or other documentation from the operator's records.

**Attachment Check List**

Att Doc Num	Name
402294441	SPILL/RELEASE REPORT(INITIAL)
402294737	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
Environmental	coordinates provided are those of an off-location tank battery without a COGCC facility number changed to battery as type of facility and to no COGCC facility number	01/27/2020

Total: 1 comment(s)