

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:

402306852

Date Received:

02/07/2020

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

471233

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> | Phone Numbers |
| 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>cogccspillremediation@pdce.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402306852

Initial Report Date: 02/07/2020 Date of Discovery: 02/07/2020 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 26 TWP 4N RNG 66W MERIDIAN 6

Latitude: 40.283333 Longitude: -104.744675

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: PARTIALLY-BURIED VESSEL Facility/Location ID No _____

Spill/Release Point Name: Cecil K; Schwab No Existing Facility or Location ID No.

Number: 35-29;26-12F 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): 0 Estimated Condensate Spill Volume(bbl): 0

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: CROP LAND Other(Specify): _____

Weather Condition: Cold and Snowy

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):

An historic release was discovered during abandonment activities. Release clean-up efforts are underway.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 2/7/2020 | COGCC | Peter G. | - | |
| 2/7/2020 | Surface Owner | NA | - | |
| 2/7/2020 | Weld County | 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: 02/07/2020 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 (23March2020). Spill facility number generated by this approval of this form shall be added to any supplemental form 27s submitted related to this spill. |
|--|---|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------------------|
| 402306852 | SPILL/RELEASE REPORT(INITIAL) |
| 402306977 | FORM 19 SUBMITTED |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | |
|---------------|---|------------|
| Environmental | coordinates provided plot at off location tank battery taht does not have a COGCC facility or location number changed to not at a COGCC location coordinates plot at similar location to REM 15032. | 02/07/2020 |
|---------------|---|------------|

Total: 1 comment(s)