

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

402313054

Date Received:

02/16/2020

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

471233

SPILL/RELEASE REPORT (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: <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>COGCCSpillRemediati on@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

Date	Agency/Party	Contact	Phone	Response
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: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	02/10/2020			
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown		
OIL	0	0	<input type="checkbox"/>		
CONDENSATE	0	0	<input 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 checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature					
Surface Area Impacted:		Length of Impact (feet):	83	Width of Impact (feet):	38
		Depth of Impact (feet BGS):	20	Depth of Impact (inches BGS):	_____
How was extent determined?					
On February 7, 2020, a historic release was discovered below the produced water vessel during facility decommissioning activities at the Cecil K 35-29, 30; Schwab 26-12F, 13F tank battery. Excavation and confirmation sampling activities are on-going and will be summarized in a Supplemental Form 27 Remediation Work Plan. Groundwater was encountered in the excavation at approximately 10 feet below ground surface (bgs). A topographic map is attached as Figure 1.					
Soil/Geology Description:					
Bresser Sandy loam, 0 to 3 percent slopes					
Depth to Groundwater (feet BGS)		10	Number Water Wells within 1/2 mile radius:		5

If less than 1 mile, distance in feet to nearest

Water Well	<u>200</u>	None <input type="checkbox"/>	Surface Water	<u>1901</u>	None <input type="checkbox"/>
Wetlands	<u>230</u>	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>2687</u>	None <input type="checkbox"/>	Occupied Building	<u>2358</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>02/14/2020</u>
Cause of Spill (Check all that apply)	
<input type="checkbox"/> Human Error	<input type="checkbox"/> Equipment Failure
<input checked="" type="checkbox"/> Historical-Unknown	<input type="checkbox"/> Other (specify) _____
Describe Incident & Root Cause (include specific equipment and point of failure)	
On January 7, 2020, a historic release was discovered below the produced water vessel during facility decommissioning activities.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The tank battery was decommissioned and will not be replaced.	
Volume of Soil Excavated (cubic yards): <u>912</u>	
Disposition of Excavated Soil (attach documentation)	
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment
<input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): <u>650</u>	
Volume of Impacted Surface Water Removed (bbls): <u>0</u>	

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: _____

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: Senior Program Manager Date: 02/16/2020 Email: COGCCSpillRemediation@pdce.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
402313054	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402313068	TOPOGRAPHIC MAP

402314457

FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)