

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402086568

Date Received:

02/28/2020

Spill report taken by:

Spill/Release Point ID:

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: <u>UTAH GAS OP LTD DBA UTAH GAS CORP</u>	Operator No: <u>10539</u>	Phone Numbers
Address: <u>1125 ESCALANTE DR</u>		Phone: <u>(970) 675-4400</u>
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>		Mobile: <u>(970) 290-2912</u>
Contact Person: <u>Steven Hale</u>		Email: <u>shale@utahgascorp.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402086568

Initial Report Date: 06/25/2019 Date of Discovery: 06/24/2019 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR Lot 20 SEC 4 TWP 9S RNG 104W MERIDIAN 6

Latitude: 39.305559 Longitude: -108.997270

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

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: Thomas 5 Well API No. (Only if the reference facility is well) 05-077-10161

No Existing Facility or Location ID No.

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>>=1 and <5</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</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: NON-CROP LAND Other(Specify): _____

Weather Condition: clear

Surface Owner: FEDERAL 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):

While on routine site check during normal operations, the lease operator found crude oil had been released at the well head, from the polished sleeve on the pump jack. The well was immediately shut in and internal notifications were made. Impact on working surface was limited to approximately 10 foot radius of well head. From site assessment and calculations of production volume and time of operation, it is estimated that 2 barrels were released onto the pad surface. Investigation is underway to determine the root cause of equipment failure and impacted soil is being removed in preparation of off-site disposal. Clearance sampling for Table 910 will be done as soon as possible. Topographical map is attached.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/25/2019	BLM	Jim Byers	970-876-9056	Notification appreciated, he is available if on-site is requested by COGCC

Was there a Grade 1 Gas Leak? Yes No

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

Was there damage during excavation? Yes No

If YES, was CO 811 notified prior to excavation? Yes No

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	01/20/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	2	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	0	0	<input 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):		10	Width of Impact (feet): 10	
Depth of Impact (feet BGS):		1	Depth of Impact (inches BGS): 12	
How was extent determined?				
All stained soil was removed and sampling was done to confirm compliance with Table 910-1.				
Soil/Geology Description:				
Impacted area of Wellhead, on working surface, is compacted roadbase. Soil map showing site is 100% Persayo-Blackston complex (silt, clay, loam), with bedrock at 15 to 60 inches.				
Depth to Groundwater (feet BGS)		250	Number Water Wells within 1/2 mile radius: 0	
If less than 1 mile, distance in feet to nearest		Water Well	None <input checked="" type="checkbox"/>	Surface Water
				None <input checked="" type="checkbox"/>

Wetlands _____ None

Springs _____ None

Livestock _____ None

Occupied Building _____ None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/20/2020

Root Cause of Spill/Release Equipment Failure

Other (specify) _____

Type of Equipment at Point of Spill/Release: Pump Jack

If "Other" selected above, specify or describe here:

Describe Incident & Root Cause (include specific equipment and point of failure)

Polished rod on Pumping Unit became off-centered and bent, allowing oil to be released out of top sleeve. It was determined that the rod may have been improperly installed after recent well maintenance work.

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

Polished rod was replaced and unit was re-set to insure proper function and stroke of rod.

Volume of Soil Excavated (cubic yards): 12

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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:

Corrected Lat./Long information

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

Signed: _____ Print Name: Steven Hale

Title: Environmental Specialist Date: 02/28/2020 Email: shale@utahgascorp.com

COA Type**Description**

	Operator is in violation of Rule 906.b.
	Operator shall provide a map illustrating the extent of excavation.
	Request for closure is denied at this time. Operator shall comply with previous COA from 6/28/2019. Operator shall provide confirmation samples for the complete table 910-1 and not just DRO and GRO.
	Assess the nature and extent of contamination with confirmation soil samples. Provide documentation in a Supplemental F-19 if cleaned up immediately and/or F-27 if additional site investigation and remediation is required. Documentation must include a figure showing spill area with sample locations plus laboratory results.

Attachment Check List**Att Doc Num****Name**

402086776	TOPOGRAPHIC MAP
402289775	ANALYTICAL RESULTS
402289777	DISPOSAL MANIFEST

Total Attach: 3 Files

General Comments**User Group****Comment****Comment Date**

Environmental	AFischer reviewed on behalf of John Heil.	01/21/2020
Environmental	Pushed back to Draft as the as drilled lat/long are incorrect.	06/28/2019

Total: 2 comment(s)