

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:

402415364

Date Received:

06/08/2020

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

469424

## 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: HIGHPOINT OPERATING CORPORATION	Operator No: 10071	<b>Phone Numbers</b>  Phone: ( ) Mobile: (970) 353-0407 Email: dwatt@hpres.com
Address: 555 17TH ST STE 3700		
City: DENVER	State: CO Zip: 80202	
Contact Person: Dustin Watt		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402250666

Initial Report Date: 11/29/2019 Date of Discovery: 11/29/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR NWNE SEC 24 TWP 11N RNG 63W MERIDIAN 6

Latitude: 40.914400 Longitude: -104.377500

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: WELL PAD

☒ Facility/Location ID No 444290

Spill/Release Point Name: CC Produced Water Spill

☐ Well API No. (Only if the reference facility is well) 05- -

☐ 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? No

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? Yes

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): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

#### Land Use:

Current Land Use: OTHER

Other(Specify): Oil and Gas Production Facility

Weather Condition: overcast/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):

Water hauling company failed to close load out line valve, resulting in a produced water spill in containment.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/29/2019	Weld County OEM	D. Burns	-	online reporting form
11/30/2019	Land Owner	on file	-	email/call

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 ☐

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/08/2020

Root Cause of Spill/Release Incorrect Operations (Human Error)

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Other

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

produced water loading valve

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

Water hauling company failed to close load out line valve, resulting in a produced water spill in containment. Upon discovery the loadout valve was closed and the produced water contained in the lined secondary containment was vacuumed up and taken to a 3rd party disposal well.

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

Water hauling company was contacted and responsible employee was counseled on importance of ensuring all valves are closed prior to departing location. Facility was also recently connected directly to a commercial disposal well, eliminating the need to transport produced water via truck and eliminating future risk.

Volume of Soil Excavated (cubic yards): 0

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:

Request for closure for a spill to lined containment. Lined containment captured all produced water released. All liquid was recovered and the liner was cleaned. See attached photos for additional documentation. Additionally, the containment wall patches noted during the 4/28/2020 COGCC inspection have had further repairs made - patch area has been coated with spray-in liner material.

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

Signed: \_\_\_\_\_ Print Name: Rusty Frishmuth

Title: EHS Director Date: 06/08/2020 Email: rfrishmuth@hpres.com

### COA Type

### Description

	Based on the information presented, it appears that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be impacted, then further investigation and/or remediation activities may be required.
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### Attachment Check List

#### Att Doc Num

#### Name

402415364	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402415400	OTHER
402417673	FORM 19 SUBMITTED

Total Attach: 3 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)