

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:

402528265

Date Received:

11/20/2020

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

478127

### 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>HIGHPOINT OPERATING CORPORATION</u>	Operator No: <u>10071</u>	<b>Phone Numbers</b> Phone: <u>(303) 293-9100</u> Mobile: <u>(303) 518-2290</u> Email: <u>rfrishmuth@hpres.com</u>
Address: <u>555 17TH ST STE 3700</u>		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		
Contact Person: <u>Rusty Frishmuth</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402498099

Initial Report Date: 09/25/2020 Date of Discovery: 09/25/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR SWNW SEC 2 TWP 4N RNG 62W MERIDIAN 6

Latitude: 40.344861 Longitude: -104.300947

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

#### Reference Location:

Facility Type: OTHER  Facility/Location ID No 436165

Spill/Release Point Name: RSU (AS 2) LACT UNIT 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? 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): >=1 and <5 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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

Weather Condition: CLEAR/SUNNY

Surface Owner: STATE 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):

At approximately 15:26 hrs., the valve on Lact Unit was left open causing the unit to overflow with crude oil. 1 bbl of crude oil spilled.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/26/2020	Weld County OEM	D. Burn	-	online form
9/26/2020	Land owner	on file	-	call/email

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: 11/20/2020

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:

LACT skid

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

HighPoint Operating Corporation lease operator opened valve on the LACT skid and then left the unit to work on other equipment at the location. The unattended valve overflowed, resulting in the loss of approximately one bbl of oil before the open valve was discovered.

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

The incident was discussed in the next weekly field operations meeting with an emphasis on not leaving equipment unattended. Employee was disciplined.

Volume of Soil Excavated (cubic yards): 5

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:

Six confirmation soil samples were collected on 10/20/20 from three borings advanced to 2 ft-bgs and located within the spill location. Samples were collected per USEPA methods from the 0-6" and 18-24" intervals of the borings and strict chain-of-custody standards were followed. The soil samples were submitted to an accredited lab for analysis of benzene, toluene, ethylbenzene, and xylene (BTEX), and total petroleum hydrocarbons (TPH)-gasoline range organic (GRO), TPH-diesel range organics (DRO), pH, specific conductance (EC), and sodium adsorption ration (SAR). All samples submitted for analysis are in compliance with their respective COGCC Table 910-1 Standards.

NOTE: There is not a discrete waste manifest for the disposal of soils removed from location. Due to the small volume of soil removed, it was placed into a roll-off box used to aggregate contaminated soils from small spills around the field.

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: Director, EHS Date: 11/20/2020 Email: rfrishmuth@hpres.com

### COA Type

### Description

<u>COA Type</u>	<u>Description</u>

### Attachment Check List

#### Att Doc Num

#### Name

402528268	ANALYTICAL RESULTS
402528270	ANALYTICAL RESULTS
402530485	SITE MAP

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)