

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

402551427

Date Received:

12/11/2020

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

478815

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>COLORADO OIL & GAS CONSERVATION COMMISSION</u>	Operator No: <u>5</u>	Phone Numbers
Address: <u>1120 LINCOLN ST SUITE 801</u>		Phone: <u>(970) 846-5097</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>
Contact Person: <u>Kris Neidel</u>		Mobile: <u>()</u>
		Email: <u>Kris.Neidel@state.co.us</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402551427

Initial Report Date: 12/10/2020 Date of Discovery: 12/05/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SESE SEC 28 TWP 9N RNG 81W MERIDIAN 6Latitude: 40.717395 Longitude: -106.494593Municipality (if within municipal boundaries): _____ County: JACKSON

Reference Location:

Facility Type: WELL☐ Facility/Location ID No _____Spill/Release Point Name: _____ ☒ Well API No. (Only if the reference facility is well) 05-057-06112☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Clear, 45 degreesSurface 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):

During routine inspections of the shut-in facilities at the Lone Pine Field in Jackson County on December 8, 2020, COGCC staff Observed fluid (water) leaking from a polished rod liner at the Margaret Spaulding #15 well (057-06112). The polished rod liner had split allowing the release of the water which is under artesian conditions. As a result of the release, ice had built up at the wellhead. No water was observed leaving the location. No oil was observed in the ice or released water. Qualified oilfield service personnel mobilized to the site to assess and attempt to stop the release. A temporary patch was applied to the split in the rod. As required by Rule 906, COGCC notified the surface owner and local government of the release. The well was observed on 12/9/2020 and the release has slowed to a drip. On 12/9/2020 another contractor evaluated the well to determine a permanent fix.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/8/2020	Jackson County LGD	Samantha Martin	970-723-4660	email
12/8/2020	Surface Owner Representative	Colton Miler	-	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 ☐

OPERATOR COMMENTS:

See attachment for spill map and well location.

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

Signed: _____ Print Name: Kris Neidel
Title: EPS Date: 12/11/2020 Email: Kris.Neidel@state.co.us

COA Type

Description

	A sample of the source fluids shall be collected. Samples of fluid should be analyzed for those constituents listed in Rule 609 less dissolved gas and bacteria. Soil samples should be discrete and analyzed for full Table 910-1
	Assess the nature and extent of contamination with confirmation soil samples. Delineate the horizontal and vertical extent of impacted area and remediate impacts to Table 910-1 standards. Provide documentation in either a Supplemental Form 19 if cleaned up immediately and/or Form 27 if additional site investigation and remediation is required. Documentation must include a figure showing spill area with sample locations plus laboratory results.
	The operator shall submit a supplemental spill report within ten days of discovery of the release with all of the additional information required by Rule 906.b.1.

Attachment List

Att Doc Num	Name
402551427	SPILL/RELEASE REPORT(INITIAL)
402551833	SITE MAP
402551834	SITE MAP
402552219	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	AFischer reviewed and approved for KNeidel.	12/11/2020

Total: 1 comment(s)