

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:

402565145

Date Received:

01/04/2021

Spill report taken by:

Spill/Release Point ID:

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: LARAMIE ENERGY LLC	Operator No: 10433	Phone Numbers
Address: 1401 17TH STREET SUITE #1400		Phone: (970) 9019007
City: DENVER State: CO Zip: 80202		Mobile: (970) 9019007
Contact Person: Matt Kasten		Email: mkasten@laramie-energy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402565145

Initial Report Date: 01/04/2021 Date of Discovery: 01/01/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNW SEC 10 TWP 10S RNG 94W MERIDIAN 6

Latitude: 39.210856 Longitude: -107.874217

Municipality (if within municipal boundaries): County: MESA

Reference Location:

Facility Type: FLOWLINE SYSTEM ☒ Facility/Location ID No 334520
 Spill/Release Point Name: Hawkins 10-4 ☐ 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? 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): 0

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

Specify: Dry Gas sales line - unknown volume

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: 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):

During the morning of 01/01/21, a lease operator discovered some bubbling coming up on the downstream side of a separator In the vicinity of the gas sales line. We have isolated the sales line off the pad back to the unit and have blown it down. The Pad will remain shut-in until the issue is resolved. After locates clear, excavation, repairs, and sampling will be conducted and presented in supplemental form 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/1/2021	Land Owner	Fred Lekse	-	via phone
1/2/2021	COGCC	Steven Arauza	-	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:

Initial Form 19 report for leak discovered 1/1/2021. Corresponding data will be presented in supplemental forms when available.

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

Signed: _____ Print Name: Matt Kasten
Title: Project Manager Date: 01/04/2021 Email: mkasten@laramie-energy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402565187	TOPOGRAPHIC MAP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)