

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:

Arauzo, Steven

Spill/Release Point ID:

478889

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

### 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**

	Operator shall collect sample(s) from comparable, nearby non-impacted native soil for purposes of establishing background soil conditions including pH, electrical conductivity (EC) and sodium adsorption ratio (SAR), per Rule 910.b.(3).D.
	Delineate horizontal and vertical extent of impacted area and remediate impacts to Table 910-1 standards. Provide documentation in either a Supplemental eForm 19 if cleaned up immediately and/or Initial eForm 27 if additional site investigation and remediation is required OR if groundwater is encountered during cleanup operations. Documentation must include a figure showing spill area with sample locations plus laboratory results.
	In the Supplemental eForm 19, identify the root cause of the failure and explain how reoccurrence on this flowline and the other flowlines associated with this pad will be prevented, per Rule 906.d.(2). Operator shall coordinate with COGCC Western Integrity Inspector, Richard Murray, regarding flowline excavation, assessment, and repair.
	Assess nature and extent of contamination with confirmation soil samples. The operator shall comply with Rule 910.b.(3) for collection of soil samples. The operator shall notify the COGCC and comply with Rule 910.b.(4) if groundwater is encountered during cleanup operations.
	Additional information required by Rule 906.b shall be submitted on a supplemental spill report no later than ten days after discovery (reported Discovery Date: 1/1/2021).
	COGCC GIS Online map viewer and DWR water well data indicate the presence of a spring/well (DWR Permit No. 187932-, Receipt No. 0384758) located approximately 1050' southwest of the reported spill location.  Operator shall collect a water sample from the spring/well and analyze the sample for inorganics, organic compounds, and liquid hydrocarbons listed on Table 910-1.  Operator shall also conduct routine visual monitoring of the spring/well for impacts.

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

402565145	SPILL/RELEASE REPORT(INITIAL)
402565187	TOPOGRAPHIC MAP
402567681	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)