

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:

402578916

Date Received:

01/25/2021

Spill report taken by:

Arauzo, Steven

Spill/Release Point ID:

478889

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>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>	Phone Numbers
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>		Mobile: <u>(970) 9019007</u>
Contact Person: <u>Matt Kasten</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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	01/20/2021		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	_____	_____	<input checked="" type="checkbox"/>	
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>	
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>	
DRILLING FLUID	_____	_____	<input checked="" type="checkbox"/>	
FLOW BACK FLUID	_____	_____	<input checked="" type="checkbox"/>	
OTHER E&P WASTE	_____	_____	<input checked="" type="checkbox"/>	
specify: <u>Dry gas line</u>				
Was spill/release completely contained within berms or secondary containment? <u>YES</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit				
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted:		Length of Impact (feet): <u>6</u>	Width of Impact (feet): <u>3</u>	
		Depth of Impact (feet BGS): <u>5</u>	Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?				
Soil sampling delineation				
Soil/Geology Description:				
Gravel/clay				
Depth to Groundwater (feet BGS) <u>50</u>		Number Water Wells within 1/2 mile radius: <u>1</u>		

If less than 1 mile, distance in feet to nearest

Water Well	_____	None	<input checked="" type="checkbox"/>	Surface Water	600	None	<input type="checkbox"/>
Wetlands	_____	None	<input checked="" type="checkbox"/>	Springs	1050	None	<input type="checkbox"/>
Livestock	_____	None	<input checked="" type="checkbox"/>	Occupied Building	2000	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

Release was sampled during repairs, lab analysis did not identify any constituents over Table 910-1.

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:

Laramie is requesting closure of Spill ID 478889. Samples were collected during pipeline repair and did not identify impacts over table 910-1. Laramie is requesting closure under Table 910-1 due to initial release occurring during Table 910-1 rule and samples were collected prior to Table 915 adoption.

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: 01/25/2021 Email: mkasten@laramie-energy.com

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

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402578917	TOPOGRAPHIC MAP
402578918	ANALYTICAL RESULTS
402578919	ANALYTICAL RESULTS
402578920	SITE MAP
402578922	ANALYTICAL RESULTS
402578923	ANALYTICAL RESULTS
402578924	ANALYTICAL RESULTS
402581806	ANALYTICAL RESULTS

Total Attach: 8 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Analytical data looks promising, need lab reports to confirm.	01/25/2021

Total: 1 comment(s)