

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

402595852

Date Received:

02/09/2021

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

445224

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>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>Kristopher Neidel</u>		Mobile: <u>()</u>
		Email: <u>Kris.Neidel@state.co.us</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401015814

Initial Report Date: 03/28/2016 Date of Discovery: 03/22/2016 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SESE SEC 9 TWP 6N RNG 91W MERIDIAN 6Latitude: 40.485311 Longitude: -107.600575Municipality (if within municipal boundaries): _____ County: MOFFAT

Reference Location:

Facility Type: WELL PAD☒ Facility/Location ID No 391537Spill/Release Point Name: _____ ☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): >=1 and <5Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Freshwater left over from P&A operation

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: snow flurriesSurface 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):

About 3 barrels of extra freshwater left over from P&A operation was drained from a storage tank.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
	COGCC	Kris Neidel	970-846-5097	

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 ☐

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: 16622

OPERATOR COMMENTS:

See Project 16622 for spill remediation details.

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

Signed: _____ Print Name: Kristopher Neidel

Title: EPS Date: 02/09/2021 Email: Kris.Neidel@state.co.us

<u>COA Type</u>	<u>Description</u>
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Attachment List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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		Stamp Upon Approval
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Total: 0 comment(s)