

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:

402611975

Date Received:

02/26/2021

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

478494

## 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>OWN RESOURCES OPERATING LLC</u>	Operator No: <u>10699</u>	<b>Phone Numbers</b>
Address: <u>36695 US-385</u>		Phone: <u>(970) 332-3585</u>
City: <u>WRAY</u>	State: <u>CO</u>	Zip: <u>80758</u>
Contact Person: <u>Pat Dolezal</u>		Mobile: <u>( )</u>
		Email: <u>pat.dolezal@ownresources.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402525705

Initial Report Date: 11/04/2020 Date of Discovery: 11/03/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR NENE SEC 29 TWP 1N RNG 44W MERIDIAN 6

Latitude: 40.028627 Longitude: -102.305692

Municipality (if within municipal boundaries): \_\_\_\_\_ County: YUMA

#### Reference Location:

Facility Type: WELL

☐ Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: \_\_\_\_\_ ☒ Well API No. (Only if the reference facility is well) 05-125-11243

☐ 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? Yes

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): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: moderate, dry

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):

Polypipe fuse blew, line was isolated and evacuated, no surface water to collect. Estimated between 10-15 bbls. Area has been excavated and repaired. Soil samples have been taken and sent to lab for analysis, treatment to be determined by lab results. Size of leak was approximately 10' X 132' See attached hand drawn maps for details.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/4/2020	COGCC	Rob Young	-	Via email, no response
11/4/2020	Yuma County	Andrea Calhoon	-	Via email, no response
11/4/2020	Landowner	Roy Weigel	-	Contacted by phone, no concerns

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: 16193

**OPERATOR COMMENTS:**

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

Signed: \_\_\_\_\_ Print Name: Pat Dolezal

Title: Regulatory Specialist Date: 02/26/2021 Email: pat.dolezal@ownresources.com

**COA Type**

**Description**

**Attachment List**

**Att Doc Num**

**Name**

Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)