

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>	Phone Numbers
Address: <u>36695 US-385</u>		Phone: <u>(970) 332-3585</u>
City: <u>WRAY</u> State: <u>CO</u> Zip: <u>80758</u>		Mobile: <u>()</u>
Contact Person: <u>Pat Dolezal</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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>=5 and <100</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

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

Table with 5 columns: Date, Agency/Party, Contact, Phone, Response. Rows include COGCC, Yuma County, and Landowner.

Was there a Grade 1 Gas Leak? Yes [] No [X]

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 [X]

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)

[X] 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

Table with 2 columns: COA Type, Description

Attachment List

Table with 2 columns: Att Doc Num, Name

Total Attach: 0 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)