

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:

403266338

Date Received:

12/20/2022

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

482849

## 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 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

### OPERATOR INFORMATION

Name of Operator: 8 NORTH LLC	Operator No: 10575	<b>Phone Numbers</b>
Address: 370 17TH STREET SUITE 5200		Phone: (303) 2947864
City: DENVER State: CO Zip: 80202		Mobile: (303) 8293811
Contact Person: Jacob Evans		Email: jevans@civiresources.com

☐ Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 403152033

Initial Report Date: 08/30/2022 Date of Discovery: 08/30/2022 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR SESE SEC 26 TWP 11N RNG 61W MERIDIAN 6

Latitude: 40.888245 Longitude: -104.165144

Municipality (if within municipal boundaries): County: WELD

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 418179  
 Spill/Release Point Name: Cox 26-99 Heater Treater ☐ Well API No. (Only if the reference facility is well) 05- -  
☐ No Existing Facility or Location ID No.

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): Unknown Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

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

Specify:

Has the subject Spill/Release been controlled at the time of reporting? Yes

#### Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: 90F, Sunny

Surface Owner: FEE Other(Specify):

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

During routine inspections, operator discovered a 2" balon valve that had failed. Heater treater was shut in and fluid was drained.

**List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
8/31/2022	Landowner	On-File	-	Pending Notification
8/31/2022	Weld County OEM		-	ONline Spill Report Form

**REPORT CRITERIA**

**Rule 912.b.(1) Report to the Director (select all criteria that apply):**

Yes Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.

Waters of the State: n/a

Public Water System: n/a

Residence or Occupied Structure: n/a

Livestock: n/a

Wildlife: n/a

Publicly-Maintained Road: Threatened to Impact

Yes Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.

No Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.

No Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak

Enter the approximate time of discovery \_\_\_\_\_ (HH:MM)

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? \_\_\_\_\_

Enter the Document Number of the Initial Accident Report, Form 22 \_\_\_\_\_

Was there damage during excavation? \_\_\_\_\_

Was CO 811 notified prior to excavation? \_\_\_\_\_

Yes Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.

Estimated Volume of Impacted Solids (cu. yd.): 10

No Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:

☐ The presence of free product or hydrocarbon sheen Surface Water

☐ The presence of free product or hydrocarbon sheen on Groundwater

☐ The presence of contaminated soil in contact with Groundwater

☐ The presence of contaminated soil in contact with Surface water

Yes	Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylights from the subsurface.
No	Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property.
	<input type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> Off-Location Flowline right of way
No	Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.
No	Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

## SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/20/2022		
<b>FLUIDS</b>	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	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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): _____		Width of Impact (feet): _____	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
The extent of impacts will be determined through excavation and confirmation soil sampling.			
Soil/Geology Description:			
well graded sand			
Depth to Groundwater (feet BGS) <u>60</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well _____ None <input checked="" type="checkbox"/>	Surface Water <u>652</u>	None <input type="checkbox"/>
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
	Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____	None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			
location lies within a designated basin			

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/20/2022

Root Cause of Spill/Release Equipment Failure

Other (specify)

Type of Equipment at Point of Spill/Release: Horizontal Heater Treater

If "Other" selected above, specify or describe here:

Describe Incident & Root Cause (include specific equipment and point of failure)

A 2" balon valve failed due to age and wear.

Describe measures taken to prevent the problem(s) from reoccurring:

Field personnel are coached to inspect equipment during site visits and replace aged or compromised fittings

Volume of Soil Excavated (cubic yards): 10

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal Onsite Treatment

☐ Other (specify)

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

## 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, check all that apply)
  - ☐ Horizontal and Vertical extents of impacts have been delineated.
  - ☐ Documentation of compliance with Table 915-1 is attached.
  - ☐ All E&P Waste has been properly treated or disposed.
  - ☒ Work proceeding under an approved Form 27 (Rule 912.c).
- Form 27 Remediation Project No: 26411
- ☐ SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

## OPERATOR COMMENTS:

Internal changes have been made to ensure the timely submittal of forms by integrating new program managers, tracking protocols, and conducting quarterly project audits. Additionally, all reporting will be conducted by in-house personnel.

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

Signed: Print Name: Jacob Evans

Title: Environmental Advisor Date: 12/20/2022 Email: jevans@civiresources.com

COA Type	Description
0 COA	

## Attachment List

Att Doc Num

Name

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Total Attach: 0 Files

## General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)