

State of Colorado  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

**SPILL/RELEASE REPORT**

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

**OPERATOR INFORMATION**

Name of Operator: _____ OGCC Operator No: _____	Phone Numbers No: _____ Fax: _____ E-Mail: _____
Address: _____	
City: _____ State: _____ Zip: _____	
Contact Person: _____	

**DESCRIPTION OF SPILL OR RELEASE**

Date of Incident: _____ Facility Name & No.: _____	County: _____
Type of Facility (well, tank battery, flow line, pit): _____	QtrQtr: _____ Section: _____
Well Name and Number: _____	Township: _____ Range: _____
API Number: _____	Meridian: _____
Specify volume spilled and recovered (in bbls) for the following materials: Oil spilled: _____ Oil recov'd: _____ Water spilled: _____ Water recov'd: _____ Other spilled: _____ Other recov'd: _____	
Ground Water impacted? Yes No	Surface Water impacted? Yes No
Contained within berm? Yes No	Area and vertical extent of spill: _____x _____
Current land use: _____ Weather conditions: _____	
Soil/geology description: _____	
<b>IF LESS THAN A MILE</b> , report distance <b>IN FEET</b> to nearest.... Surface water: _____ wetlands: _____ buildings: _____	
Livestock: _____ water wells: _____ Depth to shallowest ground water: _____	
Cause of spill (e.g., equipment failure, human error, etc.): _____ Detailed description of the spill/release incident: _____	

**CORRECTIVE ACTION**

Describe immediate response (how stopped, contained and recovered):
Describe any emergency pits constructed:
How was the extent of contamination determined:
Further remediation activities proposed (attach separate sheet if needed):
Describe measures taken to prevent problem from reoccurring:

**OTHER NOTIFICATIONS**

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

Date	Agency	Contact	Phone	Response

Spill/Release Tracking No: \_\_\_\_\_