

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

**RECEIVED**  
**12/28/2011**

**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.

Spill report taken by:

FACILITY ID:

**OPERATOR INFORMATION**

Name of Operator: <u>Chesapeake Energy</u>	OGCC Operator No: <u>16660</u>	Phone Numbers
Address: <u>5880 Enterprise Drive Suite 600</u>		No: <u>307-234-9045</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>		Fax: <u>307-234-6627</u>
Contact Person: <u>Greg Garrison</u>		E-Mail: <u>greg.garrison@chk.com</u>

**DESCRIPTION OF SPILL OR RELEASE**

Date of Incident: <u>12/24/2011</u>	Facility Name & No.: <u>State 36-9-66</u>	County: <u>Weld</u>
Type of Facility (well, tank battery, flow line, pit): <u>Well</u>		QtrQtr: _____ Section: <u>36</u>
Well Name and Number: <u>State 36-9-66</u>		Township: <u>9N</u> Range: <u>66W</u>
API Number: <u>0512331447</u>		Meridian: _____
Specify volume spilled and recovered (in bbls) for the following materials:		
Oil spilled: <u>6</u>	Oil recov'd: <u>6</u>	Water spilled: _____ Water recov'd: _____ Other spilled: _____ Other recov'd: _____
Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Contained within berm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Area and vertical extent of spill: <u>60</u> x <u>100</u>	
Current land use: <u>Well Pad</u>	Weather conditions: <u>Clear</u>	
Soil/geology description: <u>Clay/Rock</u>		
IF LESS THAN A MILE, report distance IN FEET to nearest.... Surface water: _____ wetlands: _____ buildings: _____		
Livestock: _____ water wells: _____ Depth to shallowest ground water: _____		
Cause of spill (e.g., equipment failure, human error, etc.): <u>Human error</u> Detailed description of the spill/release incident:		
<u>Flowline valve left closed and stuffing box over pressured causing fluid to escape.</u>		

**CORRECTIVE ACTION**

Describe immediate response (how stopped, contained and recovered):  
Well shut in and damaged components replaced. Standing fluid was removed and stained soil was excavated.

Describe any emergency pits constructed:  
None

How was the extent of contamination determined:  
Visual determination.

Further remediation activities proposed (attach separate sheet if needed):  
Stained soil will be disposed of at area landfill. BOL for disposal will be forwarded to COGCC.

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
12-28-2011	COGCC	John Axelson	303-877-9964	Verbal Notification

Spill/Release Tracking No: **2221806**