

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**  
**3/2/2014**

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: \_\_\_\_\_

**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.): \_\_\_\_\_ 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: **2147909**