

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400624097

Date Received:

06/11/2014

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

437689

SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

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: <u>PDC ENERGY INC</u>	Operator No: <u>69175</u>	Phone Numbers
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(303) 831-3971</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>
Contact Person: <u>Brandon Brun</u>		Mobile: <u>()</u>
		Email: <u>brandon.brun@pdce.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400624097

Initial Report Date: 06/10/2014 Date of Discovery: 03/13/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 6 TWP 2N RNG 67W MERIDIAN 6Latitude: 40.172641 Longitude: -104.936184Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No _____
☐ No Existing Facility or Location ID No.
☒ Well API No. (Only if the reference facility is well) 05-123-11060

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No
A spill/release is considered to be outside of secondary containment if groundwater has been impacted.

Were Five (5) barrels or more spilled? No

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____Weather Condition: sunny, 50 degreesSurface 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):

On March 13, 2014, a historic release was discovered during the removal of the buried produced water vessel at the Coors Fee 2,12-6; Coors V6-4,5,6 (API # 05-123-11060, Facility # 311415) tank battery. Wells Coors Fee 2-6 (API # 05-123-11060), Coors Fee 12-6 (API # 05-123-19610), Coors V6-4 (API # 05-123-17322), Coors V6-5 (API # 05-123-17251), and Coors V6-6 (API # 05-123-17243) produce to this location. The facility was shut in and subsequent excavation activities commenced below the release location. A topographic map of the site is included as Figure 1.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	06/10/2014	
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input 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>YES</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>A spill/release is considered to be outside of secondary containment if groundwater has been impacted.</i>			
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit			
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): <u>42</u>		Width of Impact (feet): <u>28</u>	
Depth of Impact (feet BGS): <u>7</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
<p>Following the discovery of a historical release during the removal of a produced water vault, soil impacts were removed through excavation activities conducted between March 13 and March 17, 2014. The vertical and lateral extents of the excavation were determined in the field using a photoionization detector (PID) to measure volatile organic compound (VOC) concentrations in soil. On March 14, 2014, five soil samples were collected from the walls of the excavation at 14 feet below ground surface (feet bgs), and three soil samples were collected from the floor of the excavation at 18 to 19 feet bgs. Elevated PID readings were recorded in soil samples collected from the south and west walls at 5 feet bgs, and as a result the excavation was benched to the west and additional soil was removed to 7 feet bgs. Additional shallow soil could not be removed to the south, due to the presence of a DCP sales line, and a test pit was dug to the south of this line, to ensure that shallow soil impacts do not extend further in this direction. On March 17, 2014, five soil samples were collected from the walls of the excavation at 5 feet bgs, one soil sample was collected from the benched floor in the western portion of the excavation at 7 feet bgs, and one soil sample was collected from the test pit, south of the DCP line. Soil samples were submitted to Summit Scientific Laboratories in Golden, Colorado for laboratory analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX), total petroleum hydrocarbons (TPH)-gasoline range organics (GRO), and naphthalene by EPA Method 8260B. Samples were also submitted for analysis of TPH-diesel range organics (DRO) by EPA Method 8015. Analytical results indicate constituent concentrations are below COGCC Table 910-1 soil standards in all fifteen sample locations collected from the deep and shallow excavation areas. The extent of the excavation and soil sample locations are illustrated on Figure 2.</p>			
Soil/Geology Description:			
aquolls and aquents, gravelly substratum			
Depth to Groundwater (feet BGS) <u>9</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>575</u>	None <input type="checkbox"/>	Surface Water <u>170</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 <u>795</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	06/10/2014
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
the produced water vessel failed, causing a produced water spill		
Describe measures taken to prevent the problem(s) from reoccurring:		
the produced water vessel was removed		
Volume of Soil Excavated (cubic yards): 100		
Disposition of Excavated Soil (attach documentation)		
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> 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)

☒ Work proceeding under an approved Form 27

Form 27 Remediation Project No: _____

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

Signed: _____ Print Name: Brandon Bruns

Title: EHS Supervisor Date: 06/11/2014 Email: brandon.bruns@pdce.com

COA Type	Description
	Upon review of available information, no further action is required at this time. However, further action may be required if the COGCC learns of different or changing circumstances at the subject location.

Attachment Check List

Att Doc Num	Name
400624097	FORM 19 SUBMITTED
400624379	SITE MAP
400624380	ANALYTICAL RESULTS

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)