

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:

400659128

Date Received:

08/07/2014

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

437576

SPILL/RELEASE REPORT (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>SWEPI LP</u>	Operator No: <u>78110</u>	<b>Phone Numbers</b>
Address: <u>4582 S ULSTER ST PKWY #1400</u>		Phone: <u>(970) 593-8723</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80237</u>
Contact Person: <u>Anne Baldrige</u>		Mobile: <u>( )</u>
		Email: <u>a.baldrige@shell.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400623398

Initial Report Date: 06/09/2014 Date of Discovery: 06/02/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 32 TWP 5N RNG 90W MERIDIAN 6

Latitude: 40.340294 Longitude: -107.524986

Municipality (if within municipal boundaries): \_\_\_\_\_ County: MOFFAT

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) 05-081-06240

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

Was one (1) barrel or more spilled outside of berms or secondary containment? No  
*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

Were Five (5) barrels or more spilled? No

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

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

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

Estimated Other E&P Waste Spill Volume(bbl): >=5 and <100 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Est. 3 cubic yards of contaminated soils excavated during P&A work

Land Use:

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

Weather Condition: Sunny and dry

Surface 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):

During P&A activities associated with this wellhead, soils were excavated to cut off and seal the well casing below ground. A sample was collected of the excavated soil and sent for testing. TPH levels in the soil from preliminary lab results were approximately 3,840 mg/kg. The soils have been placed on a liner and will be transported off site for disposal. Final soil testing results not yet available from lab.

List Agencies and Other Parties Notified:

### 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: Anne Baldrige

Title: Reg/Env Asset Lead Date: 08/07/2014 Email: a.baldrige@shell.com

#### COA Type

#### Description

	Operator should submit a Form 27, site investigation work plan that is adequate to determine the vertical and horizontal extent of contamination and reclamation.
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### Attachment Check List

#### Att Doc Num

#### Name

400659128	FORM 19 SUBMITTED
400659134	ANALYTICAL RESULTS

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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Total: 0 comment(s)