

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:

400699059

Date Received:

10/01/2014

Spill report taken by:

Spill/Release Point ID:

### 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>ENCANA OIL &amp; GAS (USA) INC</u>	Operator No: <u>100185</u>	<b>Phone Numbers</b>
Address: <u>370 17TH ST STE 1700</u>		Phone: <u>(303) 774-3962</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>		Mobile: <u>( )</u>
Contact Person: <u>Forrest Thorniley</u>		Email: <u>forrest.thorniley@enana.com</u>

#### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400699059

Initial Report Date: 10/01/2014 Date of Discovery: 09/30/2014 Spill Type: Recent Spill

##### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 22 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.117998 Longitude: -104.996966

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

##### Reference Location:

Facility Type: WELL PAD  Facility/Location ID No 434171  
 No Existing Facility or Location ID No.  
 Well API No. (Only if the reference facility is well) 05- -

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

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

*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): >=1 and <5 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Drilling Mud

##### Land Use:

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

Weather Condition: Clear

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):

Rig was transferring drilling mud from mud pump to pump truck during cement displacement. King nipple blew out of the end of 4" hose causing 2 bbls to spill on rig mats and 1 bbl to spill on adjacent ground. Shut down and replaced hose, resumed job. Vacuum truck on location immediately recovered spilled mud.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/1/2014	COGCC	Chris Canfield	-	
10/1/2014	Weld County	Roy Rudisill	-	

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 10/01/2014

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	3	3	<input type="checkbox"/>

specify: Drilling Mud

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**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)  Soil  Groundwater  Surface Water  Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): \_\_\_\_\_ Width of Impact (feet): \_\_\_\_\_

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Visual estimation

Soil/Geology Description:

sandy Loam

Depth to Groundwater (feet BGS) -510 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	<u>700</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>900</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## 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: Forrest Thorniley

Title: Environmental Specialist Date: 10/01/2014 Email: forrest.thorniley@encana.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400699585	SITE MAP
400699606	TOPOGRAPHIC MAP

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)