

State of Colorado  
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400701233

Date Received:

10/03/2014

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

439123

## 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: GREAT WESTERN OPERATING COMPANY LLC	Operator No: 10110	<b>Phone Numbers</b> Phone: (303) 398-0537 Mobile: (303) 398-0537 Email: sdonato@gwogco.com
Address: 1801 BROADWAY #500		
City: DENVER	State: CO Zip: 80202	
Contact Person: Scot Donato		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400695452

Initial Report Date: 09/25/2014 Date of Discovery: 09/25/2014 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 26 TWP 6N RNG 67W MERIDIAN 6

Latitude: 40.452920 Longitude: -104.857360

Municipality (if within municipal boundaries): Windsor County: WELD

#### Reference Location:

Facility Type: PARTIALLY-BURIED VESSEL ☒ Facility/Location ID No 333241

☐ 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? 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): Unknown

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: historical release: unknown quantity of produced water released

#### Land Use:

Current Land Use: OTHER Other(Specify): vacant and industrial

Weather Condition: clear, sunny

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):

A fiberglass produced water vessel was being removed and potential impacts were observed in soils beneath the removed vessel. Limited excavation and stockpiling of visibly impacted were conducted.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
9/25/2014	Weld County	Tom Parko	970-353-6100	N/A
9/25/2014	Surface Owner	Broe Group	-	
			-	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 10/03/2014		
<b>FLUIDS</b>	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: Historical release: unknown quantity of produced water released

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?

Extent will be determined during further excavation and sampling.

Soil/Geology Description:

Poorly sorted clays, silts, and coarse sands.

Depth to Groundwater (feet BGS) 14 Number Water Wells within 1/2 mile radius: 18

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	_____	None <input checked="" type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

A produced water vessel was being removed and potential impacts were observed in soils beneath the removed vessel on September 18, 2014. Laboratory analytical results received on September 25, 2014 confirmed the release. Additional soil excavation and sampling was conducted on October 3, 2014 to further determine the extent of impact. Additional laboratory results will be submitted to COGCC when available.

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 10/03/2014
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Cause of Spill (Check all that apply) ☐ Human Error ☐ Equipment Failure ☒ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident & Root Cause (include specific equipment and point of failure)

A produced water vessel was being removed and potential impacts were observed in soils beneath the removed vessel on September 18, 2014. The incident was a result of a historical release of unknown origins.

Describe measures taken to prevent the problem(s) from reoccurring:

Volume of Soil Excavated (cubic yards): 200

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): \_\_\_\_\_

Volume of Impacted Surface Water Removed (bbls): \_\_\_\_\_

## 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: Rachel Peterson  
Title: Project Manager Date: 10/03/2014 Email: petersonr@agwassenaar.com

### COA Type

### Description

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## Attachment Check List

Att Doc Num	Name
400701233	FORM 19 SUBMITTED
400701249	TOPOGRAPHIC MAP

Total Attach: 2 Files

## General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)