

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:

400712955

Date Received:

10/21/2014

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

439376

SPILL/RELEASE REPORT (INITIAL)

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>PETROX RESOURCES INC</u>	Operator No: <u>69805</u>	<b>Phone Numbers</b>
Address: <u>P O BOX 2600</u>		Phone: <u>(970) 878-5594</u>
City: <u>MEEKER</u> State: <u>CO</u> Zip: <u>81641</u>		Mobile: <u>(970) 216-0757</u>
Contact Person: <u>Mike Clark</u>		Email: <u>mike.petroxcbm@gmail.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400712955

Initial Report Date: 10/21/2014 Date of Discovery: 10/17/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 9 TWP 34N RNG 5W MERIDIAN M

Latitude: 37.201910 Longitude: -107.393810

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

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) 05-007-06235

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 and <1

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

Specify: \_\_\_\_\_

Land Use:

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

Weather Condition: Had been Raining

Surface Owner: FEDERAL Other(Specify): Forest Service

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):

It had been raining lots, and there was water noticed around the stuffing box at the wellhead. Measurement of spill was 12' x 4'. Petrox picked up the soil around the wellhead, and hauled it off, and replaced the stuffing box.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/17/2014	Forest Service	Walt Brown	970-385-1372	
10/17/2014	COGCC	Jim Hughes	970-259-4880	
10/17/2014	Petrox Resources	Mike Clark	970-878-5594	

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

Signed: \_\_\_\_\_ Print Name: Barbara J Vaughn  
Title: Administrative Assistant Date: 10/21/2014 Email: barb.petroxcbm@gmail.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400712955	FORM 19 SUBMITTED
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)