

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:

400734140

Date Received:

11/18/2014

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

439959

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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	Phone Numbers
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(970) 506-9272</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 381-2019</u>
Zip: <u>80203</u>		Email: <u>troy.swain@pdce.com</u>
Contact Person: <u>Troy Swain</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400734140

Initial Report Date: 11/18/2014 Date of Discovery: 11/17/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 2 TWP 2N RNG 64W MERIDIAN 6

Latitude: 40.161290 Longitude: -104.513630

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 432133

☐ 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? Yes

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): >=5 and <100

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): Rangeland

Weather Condition: Clear 25F

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):

Produced water storage tank valve frozen and burst resulting in a slow leak of 8 BBL inside secondary containment berm. Water leg from separator shut-in and produced water storage tank was emptied by tanker truck. Recovered 2 BBL of spilled produced water that was pooling on frozen surface of sacrificial soil inside containment berm. Frozen spill area remains and will be recovered with vacuum truck when weather allows. Valve will be repaired before putting the tank back into service.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/18/2014	COGCC		-	Via this Initial Form 19
11/18/2014	Weld County OEM		-	VIA E-Mail

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

Signed: _____ Print Name: Troy Swain

Title: EHS Professional-Env Date: 11/18/2014 Email: troy.swain@pdce.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400734140	FORM 19 SUBMITTED
400734169	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)