

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:

400779577

Date Received:

01/24/2015

Spill report taken by:

Spill/Release Point ID:

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>URSA OPERATING COMPANY LLC</u>	Operator No: <u>10447</u>	Phone Numbers
Address: <u>602 SAWYER STREET #710</u>		Phone: <u>(970) 6259922</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Mobile: <u>(970) 4563335</u>
Zip: <u>77007</u>		Email: <u>dknudson@ursaresources.com</u>
Contact Person: <u>Dwayne Knudson</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400779577

Initial Report Date: 01/24/2015 Date of Discovery: 01/23/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 13 TWP 6S RNG 92W MERIDIAN 6Latitude: 39.531054 Longitude: -107.608143Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 416722
☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 40 bbls

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: Overcast, cold, snow & ice presentSurface 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 hole developed on the bottom of a frac tank during flowback operations and allowed liquids to be released within secondary containment on location. A quarter size hole present on the bottom of the tank from what appears to be from corrosion was the cause of the release. The release was discovered when crews noticed liquids present around the front and rear berms of the secondary containment. After the liquids were identified, operations were stopped and hydro vac trucks were dispatched to remove all free liquids within the containment, as well as the remaining liquids within the tank. All free standing liquids were removed from within the secondary containment. The underlying soils will be evaluated for impacts and possible remediation once operations are completed and the tanks are removed. The tank with the hole was removed from service and will either be replaced or repaired.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/23/2015	Landowner		-	Withheld to protect identity
1/24/2015	LEPC	Kirby Wynn	970-250-2200	Non-emergency e-mail submitted
1/24/2015	Local Fire Chief	Chad Harris	970-624-1243	Non-emergency e-mail submitted
1/24/2015	COGCC	Carlos Lujan	970-625-2497	Voice mail and 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: Kris Rowe

Title: Waste & Spills PM Date: 01/24/2015 Email: krowe@hrlcomp.com

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)