

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:

400778816

Date Received:

01/23/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

159846

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>CRIMSON EXPLORATION OPERATING INC</u>	Operator No: <u>10170</u>	Phone Numbers
Address: <u>717 TEXAS AVENUE SUITE 2900</u>		Phone: <u>(713) 2367400</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		Mobile: <u>()</u>
Contact Person: <u>Chet Stuart</u>		Email: <u>CStuart@contango.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400778816

Initial Report Date: 01/22/2015 Date of Discovery: 01/22/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 20 TWP 6S RNG 64W MERIDIAN 6

Latitude: 39.513910 Longitude: -104.574691

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-039-06524

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): Unknown Estimated Condensate Spill Volume(bbl): Unknown

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: Source location, type, and volume of release are unknown

Land Use:

Current Land Use: OTHER Other(Specify): Rangeland

Weather Condition: Sunny, 40 degrees F

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):

While conducting shallow excavation inside the tank battery berm to address a surface release (Document #s 400773673, 400777854), historical petroleum hydrocarbon impacts were encountered at approximately 6 inches below ground surface. There was no indication that any lines, tanks, or valves were leaking. All associated fittings were tight. The volume of the release is unknown. A topographic Site Location Map is provided as Figure 1.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	01/23/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	_____	_____	<input checked="" type="checkbox"/>	
CONDENSATE	_____	_____	<input checked="" 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: _____				
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted:		Length of Impact (feet): <u>90</u>	Width of Impact (feet): <u>65</u>	
		Depth of Impact (feet BGS): <u>10</u>	Depth of Impact (inches BGS): _____	
How was extent determined?				
The extent of the release will be determined via excavation. A Form 27 Remediation Workplan will be provided.				
Soil/Geology Description:				
Loam, 0 to 4 percent slopes				
Depth to Groundwater (feet BGS) <u>20</u>		Number Water Wells within 1/2 mile radius: <u>1</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>2560</u> None <input type="checkbox"/>	Surface Water _____ None <input checked="" type="checkbox"/>	
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
		Livestock <u>10</u> None <input type="checkbox"/>	Occupied Building <u>3485</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:				

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/23/2015

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)

While conducting shallow excavation inside the tank battery berm to address a surface release (Document #s 400773673, 400777854), historical petroleum hydrocarbon impacts were encountered at approximately 6 inches below ground surface. There was no indication that any lines, tanks or valves were leaking. All associated fittings were tight. The volume of the release is unknown.

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

The facility will be rebuilt with new piping.

Volume of Soil Excavated (cubic yards): 20

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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: Carl Isaac

Title: SVP Date: 01/23/2015 Email: CStuart@contango.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400778816	FORM 19 SUBMITTED
400778833	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)