

# 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:

400791362

Date Received:

02/12/2015

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: PDC ENERGY INC        | Operator No: 69175 | <b>Phone Numbers</b>          |
| Address: 1775 SHERMAN STREET - STE 3000 |                    | Phone: (303) 831-3971         |
| City: DENVER                            | State: CO          | Zip: 80203                    |
| Contact Person: Brandon Bruns           |                    | Mobile: ( )                   |
|   |                    | Email: brandon.bruns@pdce.com |

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400791362

Initial Report Date: 02/12/2015 Date of Discovery: 02/11/2015 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 24 TWP 5N RNG 65W MERIDIAN 6

Latitude: 40.378526 Longitude: -104.604995

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 322874  
☐ 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? Yes

*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): Unknown

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

#### Land Use:

Current Land Use: CROP LAND

Other(Specify):

Weather Condition: sunny, 60 degrees

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 completing construction activities at the Maxey 2, 33, 43, 44-24, 24D facility, historical impacts were encountered in the area of a flowline. Based on field interpretations, it appears that groundwater impacts are present. Confirmation soil and groundwater samples will be collected.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u>  |
|-------------|---------------------|----------------|--------------|--|
| 2/12/2015   | Landowner           |                | -            | PDC land department left a voice message for the landowner |
| 2/12/2015   | Weld County         | Roy Rudisill   | -            | email notification   |

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

Signed: \_\_\_\_\_ Print Name: Brandon Bruns

Title: EHS Supervisor Date: 02/12/2015 Email: brandon.bruns@pdce.com

### Attachment Check List

**Att Doc Num**      **Name**

|           |       |
|-----------|-------|
| 400791412 | OTHER |
|-----------|-------|

Total Attach: 1 Files

### General Comments

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

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Total: 0 comment(s)