

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:

400808558

Date Received:

03/12/2015

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

441100

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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	Phone Numbers
Address: <u>410 17TH STREET SUITE #1400</u>		Phone: <u>(720) 225-6653</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Brian Dodek</u>		Mobile: <u>()</u>
		Email: <u>bdodek@bonanzacrk.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400808558

Initial Report Date: 03/12/2015 Date of Discovery: 03/12/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 2 TWP 9N RNG 79W MERIDIAN 6Latitude: 40.781138 Longitude: -106.240976Municipality (if within municipal boundaries): _____ County: JACKSON

Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No _____☒ 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=5 and <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 31 degrees, mostly cloudySurface Owner: FEDERAL

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 routine inspections, a release was observed along a flowline right of way. Approximately 7.4 bbl of oil and produced water were discharged to the ground surface. The well was shut-in immediately to stop the release. Incident response personnel were contacted to cleanup the discharged oil/water. The ground was frozen and the fluid was pooled on the ground surface. Following removal of the fluid, environmental personnel will collect soil samples from the area to ensure the remaining soil is compliant with COGCC Table 910-1 standards.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/13/2015	COGCC	Kris Neidel	-on file	eForm 19 submittal
3/12/2015	Jackson County	Kent Crowder	-on file	notified of release
3/13/2015	BLM		-on file	submit sundry via WIS system

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

Signed: _____ Print Name: Brian Dodek
Title: Sr. Env. Specialist Date: 03/12/2015 Email: bdodek@bonanzacrk.com

COA Type

Description

	The operator should submit a map (or aerial equivalent) that identifies the spill path and affected area. The lat/long of confirmation samples should be included in as a part of the Form 19 supplemental. Volume of fluid recovered should be reported on the Form 19 supplemental.
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Attachment Check List

Att Doc Num

Name

400808558	FORM 19 SUBMITTED
400808560	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)