

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:

400785506

Date Received:

02/03/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

439664

SPILL/RELEASE REPORT (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>ENCANA OIL & GAS (USA) INC</u>	Operator No: <u>100185</u>	Phone Numbers
Address: <u>370 17TH ST STE 1700</u>		Phone: <u>(970) 774-3980</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 379-9558</u>
Zip: <u>80202-5632</u>		Email: <u>blake.ford@encana.com</u>
Contact Person: <u>Blake Ford</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400711324

Initial Report Date: 10/18/2014 Date of Discovery: 10/17/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 7 TWP 2N RNG 67W MERIDIAN 6Latitude: 40.157584 Longitude: -104.926695Municipality (if within municipal boundaries): Firestone County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 336439☐ 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): >=5 and <100Estimated 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: P CloudySurface 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):

After conducting a hydrostatic test on a tank the contractor forgot to reopen the dump valve before bringing the battery back onto production. The SCADA system alerted the lease operator of a high alarm and found that the ESD did not trip due to no scaling on the tank. Approximately 20 BBLs of condensate overflowed from the tank into secondary containment. All standing condensate was quickly vacuumed from containment and impacted soils will be removed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/17/2014	Firestone Fire Department	Steven Iacino	720-284-7969	Via email

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: 8966

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

Signed: _____ Print Name: Blake Ford

Title: Environmental Specialist Date: 02/03/2015 Email: blake.ford@encana.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400785506	FORM 19 SUBMITTED
400785509	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)