

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:

400814999

Date Received:

03/25/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

439656

**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 &amp; GAS (USA) INC</u>	Operator No: <u>100185</u>	<b>Phone Numbers</b>
Address: <u>370 17TH ST STE 1700</u>		Phone: <u>(303) 7743962</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>		Mobile: <u>( )</u>
Contact Person: <u>Forrest Thorniley</u>		Email: <u>forrest.thorniley@enana.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 400699059

Initial Report Date: 10/01/2014 Date of Discovery: 09/30/2014 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SWSW SEC 22 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.117998 Longitude: -104.996966

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

**Reference Location:**

Facility Type: WELL PAD  Facility/Location ID No 434171  
 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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>&gt;=1 and &lt;5</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: Drilling Mud

**Land Use:**

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Clear

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):

Rig was transferring drilling mud from mud pump to pump truck during cement displacement. King nipple blew out of the end of 4" hose causing 2 bbls to spill on rig mats and 1 bbl to spill on adjacent ground. Shut down and replaced hose, resumed job. Vacuum truck on location immediately recovered spilled mud.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/1/2014	COGCC	Chris Canfield	-	
10/1/2014	Weld County	Roy Rudisill	-	

### 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: Forrest Thorniley

Title: Environmental Specialist Date: 03/25/2015 Email: forrest.thorniley@encana.com

### COA Type

### Description

COA Type	Description

### Attachment Check List

#### Att Doc Num

#### Name

400814999	FORM 19 SUBMITTED
400815002	ANALYTICAL RESULTS

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)