

# 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:

400820832

Date Received:

04/06/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441105

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

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400798670

Initial Report Date: 02/24/2015 Date of Discovery: 02/22/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 21 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.122520 Longitude: -105.005080

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 434303☐ 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): 0

Estimated Condensate Spill Volume(bbl): &gt;=100

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: Snowing

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):

The spill was discovered at approximately 7AM on 2/22/15. Condensate was found to be leaking from a tank loadline at the base of the production tank on a loose flange. The flange bolts were tightened and the leak was stopped. Immediately a vacuum truck was dispatched to remove free product from the lined secondary containment. The spill did not leave containment.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/22/2015	COGCC	main number	303-8942100	left message
2/23/2015	COGCC	Chris Canfield	-	email
2/23/2015	Weld County	Roy Rudisill	-	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: \_\_\_\_\_

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: 04/06/2015 Email: forrest.thorniley@encana.com

**Attachment Check List**

**Att Doc Num**      **Name**

400820840	ANALYTICAL RESULTS
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Total Attach: 1 Files

**General Comments**

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

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Total: 0 comment(s)