

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:

400838348

Date Received:

05/12/2015

**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.

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

437697

**OPERATOR INFORMATION**

Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Operator No: <u>10110</u>	<b>Phone Numbers</b>
Address: <u>1801 BROADWAY #500</u>		Phone: <u>(303) 398-0537</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Scot Donato</u>		Mobile: <u>(303) 549-7739</u>
		Email: <u>sdonato@gwogco.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 400624363

Initial Report Date: 06/10/2014 Date of Discovery: 05/20/2014 Spill Type: Historical Release

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR NWNW SEC 1 TWP 1N RNG 65W MERIDIAN 6

Latitude: 40.084555 Longitude: -104.618176

Municipality (if within municipal boundaries): Hudson County: WELD

**Reference Location:**

Facility Type: PARTIALLY-BURIED VESSEL  Facility/Location ID No 326837

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? No

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

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

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

Specify: historical release: unknown quantity of produced water released

**Land Use:**

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

Weather Condition: cloudy, rainy

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):

A concrete vessel was being removed and potential impacts were observed in soils beneath the removed vessel. Limited excavation and stockpiling of visibly impacted soils were conducted.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/20/2014	COGCC	Chris Canfield	-	None
6/10/2014	Weld County	Tom Parko, Jr.	970-353-6100 x3572	None
6/11/2014	Surface Owner	BNSF-Property/Real estate	817-352-1000	None

**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: Rachel Peterson

Title: Project Manager Date: 05/12/2015 Email: petersonr@agwassenaar.com

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400838356	OTHER

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)