

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

400839599

Date Received:

05/15/2015

Spill report taken by:

Spill/Release Point ID:

## SPILL/RELEASE REPORT (INITIAL /w 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>PICEANCE ENERGY LLC</u>	Operator No: <u>10433</u>	<b>Phone Numbers</b>
Address: <u>1512 LARIMER STREET #1000</u>		Phone: <u>(970) 812-5310</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Wayne Bankert</u>		Mobile: <u>( )</u>
		Email: <u>wbankert@laramie-energy.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400839599

Initial Report Date: 05/14/2015 Date of Discovery: 05/13/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 24 TWP 9S RNG 95W MERIDIAN 6Latitude: 39.259390 Longitude: -107.935669Municipality (if within municipal boundaries): \_\_\_\_\_ County: MESA

#### Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 419498☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Approx. 180 bbls produced water released, 130 bbls were recovered

#### Land Use:

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_Weather Condition: Partly cloudy, low 60's.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 Piceance Energy employee observed water on the Hawxhurst 24-09 pad next to the separator at approximately 7:00 am on May 13, 2015. Piceance Energy immediately shut down the 24-09, 24-10B and 24-15A wells and began to excavate the soil around the dumphine. A 2" hole was found on the dumphine next to the separator and was repaired. The leak likely began around 5:00 pm on May 12th and approx. 180 bbls spilled onto the well pad surface. All of the water spilled was contained on the pad. A vacuum truck was used and 130 bbls of water were recovered. A PID was used to determine the vertical extent and impacted soil was excavated around the dump line. Approximately 5 cubic yards of soil were excavated and placed on the pad. A composite sample from the excavated sample was collected for Table 910 analysis and screened with PetroFlag. The PetroFlag result was 43 ppm. Confirmation samples of the excavated soil will be completed pending lab analysis.

List Agencies and Other Parties Notified:

## 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: Stuart Hall

Title: Office Leader Date: 05/15/2015 Email: shall@olssonassociates.com

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400840296	TOPOGRAPHIC MAP
400840298	AERIAL PHOTOGRAPH

Total Attach: 2 Files

## General Comments

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

Total: 0 comment(s)