

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:

400844391

Date Received:

05/27/2015

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>BARRETT CORPORATION* BILL</u>	Operator No: <u>10071</u>	Phone Numbers
Address: <u>1099 18TH ST STE 2300</u>		Phone: <u>(303) 312-8718</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(303) 518-2290</u>
Contact Person: <u>Rusty Frishmuth</u>		Email: <u>rfrishmuth@billbarrettcorp.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400844391

Initial Report Date: 05/27/2015 Date of Discovery: 05/21/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 30 TWP 7N RNG 61W MERIDIAN 6

Latitude: 40.551930 Longitude: -104.257710

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 424135
 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): 0 Estimated Condensate Spill Volume(bbl): >=1 and <5

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

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

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): E&P Production Facility

Weather Condition: Pooled and puddled water. Rain

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):

Lease Operator noticed bubbles emanating from a rain water puddle on location after servicing a tank vapor line. Initial investigation revealed gas was escaping from a 1 inch line that is used periodically to pressure up a vapor line that runs from the tanks to the ECB to blow trapped fluid back into tank knock out pot. Gas pressure for this procedure is less than 40 pounds. Once Lease Operator relieved the trapped pressure on the 1 inch line the gas release stopped. Excavation of line revealed a corroded fitting on the line was allowing gas and fluid to be released when the line was pressured up. Staining was noted in the soil and the determination was made to remove the suspected contaminated soil. Based upon volume of the soil removed (approximately 15 yards) on 5/21/15 determination was made that release was more likely more than 1 BBL.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/21/2015	COGCC	Rick Allison	-	
5/22/2015	Land Owner	On File	-	

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 05/27/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u> </u>	<u> </u>	<input checked="" type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 15 Width of Impact (feet): 6

Depth of Impact (feet BGS): 5 Depth of Impact (inches BGS): 0

How was extent determined?

Measurement of excavation.

Soil/Geology Description:

Olney fine sandy loam.

Depth to Groundwater (feet BGS) 40 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>2850</u>	None <input type="checkbox"/>	Surface Water	<u>465</u>	None <input type="checkbox"/>
Wetlands	<u>465</u>	None <input type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u>326</u>	None <input type="checkbox"/>	Occupied Building	<u>5140</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

None

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/27/2015

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Corrosion on fitting of 1 inch steel line caused line to fail allowing gas and fluid to escape when line was pressured up. Line was used to provide pressure to blow trapped fluids from vapor line back into tank knock out pot.

Describe measures taken to prevent the problem(s) from reoccurring:

Ensure all below grade steel lines are properly wrapped and protected to prevent corrosion.

Volume of Soil Excavated (cubic yards): 16

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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: Cal St John
Title: E Tech Date: 05/27/2015 Email: wstjohn@billbarrettcorp.com

Attachment Check List

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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)