

**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:

400853392

Date Received:

06/15/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442088

## SPILL/RELEASE REPORT (INITIAL)

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>SYNERGY RESOURCES CORPORATION</u>	Operator No: <u>10311</u>	<b>Phone Numbers</b>
Address: <u>20203 HIGHWAY 60</u>		Phone: <u>(970) 737-1037</u>
City: <u>PLATTEVILLE</u>	State: <u>CO</u>	Mobile: <u>(970) 230-0435</u>
Zip: <u>80651</u>		Email: <u>dpennington@syrinfo.com</u>
Contact Person: <u>David Pennington</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400853392

Initial Report Date: 06/15/2015      Date of Discovery: 06/10/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SE W SEC 6 TWP 5N RNG 66W MERIDIAN 6Latitude: 40.429510 Longitude: -104.823150Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 333043☐ 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): >=1 and <5Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: drySurface 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 production tank drain line was leaking and spread underneath the production tank. Synergy has removed the production tank and recovered all contaminated soil that was detectible with a PID. We placed all contaminated soil on a liner and then hauled the contaminated soil to waste management. Analyticals and manifests will be uploaded on the website as soon as they are recieved. The drain line on the back of the production tank has been replaced.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
		craig rasmussen	970-518-6205	will contact land owner

**OPERATOR COMMENTS:**

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: David Pennington

Title: Production/ EHS Foreman Date: 06/15/2015 Email: dpennington@syrinfo.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400853392	FORM 19 SUBMITTED
400853403	SITE MAP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Environmental	Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator.  The Supplemental Spill Report for this release is due by 6/20/2015.	6/15/2015 9:12:56 AM
Environmental	COGCC received the original Initial Spill Report from the Operator within 24 hours of discovery. However, COGCC requested the Operator to resubmit the form to correct a data error. Therefore, the Operator is considered to be in compliance with the reporting requirements of Rule 906.b.	6/15/2015 9:11:12 AM

Total: 2 comment(s)