

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400849786

Date Received:

06/25/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

441685

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: LINN OPERATING INC	Operator No: 10516	Phone Numbers
Address: 1999 BROADWAY SUITE 3700		Phone: (970) 285-5202
City: DENVER State: CO Zip: 80202		Mobile: (970) 274-3335
Contact Person: Derek Johnson		Email: dsjohnson@linnenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400834131

Initial Report Date: 05/01/2015 Date of Discovery: 04/30/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 15 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.522333 Longitude: -108.097129

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 335991
 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): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

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

Specify: less than three (3) barrels of produced water.

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: clear, sunshine

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):

During pumping activities on the K15 696 Pad, Facility ID#335991 on 4/30/15 to remove and filter water and sediment from the bottom of the pit to allow removal of the liner, the filter bag failed and less than three (3) barrels of produced water was released outside of the containment unto the pad surface. The water was evacuated with a vacuum truck and the soil was picked up.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/1/2015	COGCC	Stan Spencer	970-987-2891	24 hour notification of spill.
5/1/2015	GCCDD	Kirby Wynn	970-625-5905	24 hour notification of spill.

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 06/03/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	3	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<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): _____ Width of Impact (feet): _____

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

During pumping activities to remove the filter water and sediment from the bottom of the pit to allow removal of the liner, the filter bag failed.

Soil/Geology Description:

The lab report for the K15 spill spoils pile revealed TPH exceeded the COGCC standard of 500 mg/kg at 739.1 mg/kg for this sample. All other parameters, including PAHs, are below the standards.

Depth to Groundwater (feet BGS) 0 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	_____	None <input checked="" type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/01/2015

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)

During pumping activities to remove the filter water and sediment from the bottom of the pit to allow removal of the liner, the filter bag failed.

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

Replacement of filter bag.

Volume of Soil Excavated (cubic yards): _____

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: 9152

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: Michael Foster

Title: Reg. Comp. Specialist II Date: 06/25/2015 Email: mfoster@linenergy.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400849786	FORM 19 SUBMITTED
400849794	ANALYTICAL RESULTS
400850310	OTHER
400852213	SITE MAP

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)