

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:

400867001

Date Received:

07/15/2015

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

442501

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>BENCHMARK ENERGY LLC</u> | Operator No: <u>10380</u> | Phone Numbers |
| Address: <u>PO BOX 8747</u> | | Phone: <u>(620) 672-1114</u> |
| City: <u>PRATT</u> | State: <u>KS</u> | Mobile: <u>(316) 617-1147</u> |
| Zip: <u>67124</u> | | Email: <u>jerry@benchmarkenergy.us</u> |
| Contact Person: <u>Jerry Nash</u> | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400867001

Initial Report Date: 07/13/2015 Date of Discovery: 07/10/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SW SW SEC 7 TWP 8N RNG 53W MERIDIAN 6Latitude: 40.670270 Longitude: -103.351610Municipality (if within municipal boundaries): _____ County: LOGAN

Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No _____☒ 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): >=5 and <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 85 and sunnySurface Owner: OTHER (SPECIFY)Other(Specify): Richard Hutt

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):

Lead line busted 7/10/2015. discovered @ 6pm. Called state and left a message. Spoke with state the next day. Landowner was notified. Immediately shut in to stop any further release. Will repair line and clean up spill.

List Agencies and Other Parties Notified:

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: Monica Hamilton

Title: Bookkeeper Date: 07/15/2015 Email: mhamilton@profsecservices.com

COA Type

Description

| | |
|--|--|
| | Reclaim the surface as per Rule 1003.e.(2). |
| | Pressure test the flowline as per Rule 1101.e. following repair and prior to returning the well to production. |
| | Submit a Form 27 for prior approval to NE EPS Robert Young (rob.young@state.co.us) detailing investigation and remediation plans for this spill. |

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 400867001 | FORM 19 SUBMITTED |
|-----------|-------------------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| | | |
|---------------|--|-------------------------|
| Environmental | Please note Rule 906.b. - In addition to the Initial Report to the Director, 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. | 7/15/2015 2:51:05 PM |
| Environmental | Corrected lat/long to correspond to Field Inspection report lat/long. Changed to "no existing facility ID". | 7/15/2015 2:38:11 PM |

Total: 2 comment(s)