

# 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:

400871277

Date Received:

07/21/2015

Spill report taken by:

Spill/Release Point ID:

## 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>DIVERSIFIED ENERGY LLC</u>	Operator No: <u>10428</u>	<b>Phone Numbers</b>
Address: <u>10940 S PARKER ROAD</u>		Phone: <u>(303) 995-0826</u>
City: <u>PARKER</u>	State: <u>CO</u>	Mobile: <u>(303) 995-0826</u>
Zip: <u>80134</u>		Email: <u>JHAACK@OAGPROD</u>
Contact Person: <u>JASON HAACK</u>		<u>UCTION.COM</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400871277

Initial Report Date: 07/21/2015 Date of Discovery: 07/17/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 13 TWP 5N RNG 96W MERIDIAN 6Latitude: 40.382066 Longitude: -108.131286Municipality (if within municipal boundaries): \_\_\_\_\_ County: MOFFAT

#### Reference Location:

Facility Type: TANK BATTERY☐ Facility/Location ID No \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-081-05284

#### 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: NON-CROP LAND

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

Weather Condition: HOT AND 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):

ON/OFF PUMPING UNIT TIMER FAILED AND CAUSED OVERFLOW FROM TANK MEASUREMENT HATCH. CONSTRUCTION FOR NEW CONTAINMENT BERM STEPS WAS UNDERWAY BUT NOT FINISHED AT TIME AND VERY SMALL AMOUNTS OF WATER AND OIL WENT OUTSIDE BERM AND POOLED IN 5 X 20 LOW SPOT NEXT TO STEP CONSTRUCTION AREA. WATER AND OIL WAS RECOVERED BY PUMPING FROM AREAS AND PUT INTO TANK AND ABSORBANT PADS USED. NEW TIMER AND COVER LOCK SHALL BE INSTALLED SURFACE AREAS SOILED WILL BE REMOVED AND BERM CONSTRUCTION STEPS INSTALL WILL BE COMPLETED.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/20/2015	COGCC	KRIS NEIDAL	970-8465097	LEFT MESSAGES BOTH NUMBERS AND EMAILED
7/20/2015	COGCC	EMILY WALDRON	970-2769395	SPOKE ON PHONE INSPECTOR ADVISED FORM 19
7/20/2015	COGCC	ALEX FISCHER	-	EMAILED COPY FORM 19 VIA PDF
7/20/2015	SURFACE OWNER	JOHN COOK	970-2698155	VERBAL

**OPERATOR COMMENTS:**

Sent in form 19 via email to Alex Fischer on 7/20/2015 by pdf but was asked to re-submit via eform system on Jul 21st 2015

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

Signed: \_\_\_\_\_ Print Name: JASON HAACK

Title: MANAGER Date: 07/21/2015 Email: JHAACK@OAGPRODUCTION.COM

**Attachment Check List**

**Att Doc Num**      **Name**

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Total Attach: 0 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)