

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> | Phone Numbers |
| Address: <u>10940 S PARKER ROAD</u> | | Phone: <u>(303) 995-0826</u> |
| City: <u>PARKER</u> State: <u>CO</u> Zip: <u>80134</u> | | Mobile: <u>(303) 995-0826</u> |
| Contact Person: <u>JASON HAACK</u> | | Email: <u>JHAACK@OAGPRODUCTION.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 6

Latitude: 40.382066 Longitude: -108.131286

Municipality (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 <5 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: _____

Land Use:

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

Weather Condition: HOT AND DRY

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):

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)