

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:

400872335

Date Received:

07/22/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442088

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: <u>SYNERGY RESOURCES CORPORATION</u>	Operator No: <u>10311</u>	Phone Numbers
Address: <u>20203 HIGHWAY 60</u>		Phone: <u>(970) 7371073</u>
City: <u>PLATTEVILLE</u>	State: <u>CO</u>	Mobile: <u>(970) 2300435</u>
Zip: <u>80651</u>		Email: <u>dpennington@syrginfo.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 SENW SEC 6 TWP 5N RNG 66W MERIDIAN 6

Latitude: 40.429510 Longitude: -104.823150

Municipality (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 <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: CROP LAND

Other(Specify): _____

Weather Condition: 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):

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

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

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: _____

OPERATOR COMMENTS:

I have sent all the manifests and analyticals for the south pad. I am requesting closure on this spill report

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: 07/22/2015 Email: dpennington@syrginfo.com

Attachment Check List

Att Doc Num	Name
400872338	DISPOSAL MANIFEST
400872339	DISPOSAL MANIFEST
400872340	DISPOSAL MANIFEST
400872341	DISPOSAL MANIFEST
400872346	ANALYTICAL RESULTS

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)