

# State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400872767

Date Received:

07/23/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

438674

## 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>BLACK DIAMOND MINERALS LLC</u>	Operator No: <u>10244</u>	<b>Phone Numbers</b>
Address: <u>1301 MCKINNEY ST STE 2100</u>		Phone: <u>(303) 912-8292</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77010</u>
Contact Person: <u>Mary Griggs</u>		Mobile: <u>(303) 912-8292</u>
		Email: <u>mary.griggs@memorialrd.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400671956

Initial Report Date: 08/25/2014 Date of Discovery: 08/24/2014 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 25 TWP 7S RNG 94W MERIDIAN 6

Latitude: 39.404769 Longitude: -107.832810

Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 297747  
☐ 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): >=5 and <100

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Specify: 100 bbls of produced water and 68 bbls of produced condensate

#### Land Use:

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

Weather Condition: Sunny, 50 degrees

Surface Owner: FEE Other(Specify): Operator owns surface and minerals

#### 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):

Oil tank overflowed due to equipment malfunction on the separator. All fluids were contained within the lined metal berm tank containment. Fluids are being recovered. There has been no release outside of the metal berm and no additional cleanup will be needed.

List Agencies and Other Parties Notified:

## 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:

All fluids were contained within the steel berm. The fluids were evacuated from the berm and put back into the tank. The Operator requests closure.

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

Signed: \_\_\_\_\_ Print Name: Mary Griggs

Title: Reg/Environmental Date: 07/23/2015 Email: mary.griggs@memorialrd.com

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)