

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:

400878504

Date Received:

08/03/2015

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

442574

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>DIVERSIFIED ENERGY LLC</u>	Operator No: <u>10428</u>	Phone Numbers
Address: <u>10940 S PARKER ROAD</u>		Phone: <u>(303) 9950826</u>
City: <u>PARKER</u> State: <u>CO</u> Zip: <u>80134</u>		Mobile: <u>(303) 9950826</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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 07/31/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>1</u>	<u>1</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>3</u>	<u>3</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 50 Width of Impact (feet): 3

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 1

How was extent determined?

PUMP TRUCK USED TO VACUUM ALL FLUID THEN CALCUALTE AMOUNT AND PUT BACK INTO STORAGE TANK, RESIDUAL SOILED SPOTS WERE SCRAPPED UP BY TRACTOR AND HAND LABOR THEN PILED IN ONE CUBIC YARD BERMED AREA FOR DISPOSAL TO APPRORIATE LAND FILL.

Soil/Geology Description:

SMALL HARD ROCKS, Sandy SOIL

Depth to Groundwater (feet BGS) 988 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None	<input checked="" type="checkbox"/>	Surface Water	_____	None	<input checked="" type="checkbox"/>
Wetlands	_____	None	<input checked="" type="checkbox"/>	Springs	_____	None	<input checked="" type="checkbox"/>
Livestock	_____	None	<input checked="" type="checkbox"/>	Occupied Building	_____	None	<input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

OPERATOR HAS DETERMINED TIMER WAS VANDALIZED AND TAMPERED WITH, CAUSING THE PUMPING UNIT TO OVER FLOW TANK BY CONSTANT RUNTIME. NEW TIMER AND LOCKS HAVE BEEN INSTALLED. SECONDARY CONTAINMENT BERM AND NEW STAIRWAY HAVE BEEN COMPLETED. MOFFAT COUNTY SHERIFF HAS BEEN NOTIFIED. WELL IS SHUT IN

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 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: 08/03/2015 Email: JHAACK@OAGPRODUCTION.COM

Attachment Check List

Att Doc Num Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

User Group Comment Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)