

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:

400892910

Date Received:

08/31/2015

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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>(303) 9625535</u>
City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>		Mobile: <u>(720) 2028879</u>
Contact Person: <u>Jess Alexander</u>		Email: <u>jalexander@ltenv.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400892910

Initial Report Date: 08/31/2015 Date of Discovery: 08/28/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 35 TWP 5N RNG 67W MERIDIAN 6

Latitude: 40.361524 Longitude: -104.857559

Municipality (if within municipal boundaries): _____ County: WELD

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) 05-123-13886

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes
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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>=1 and <5</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____
Weather Condition: Clear 90s
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):

Synergy removed the produced water tank at the Site on August 28, 2015. Hydrocarbon impacted soils were observed on the floor and sidewalls of the tank grave. Synergy shut in the well head and has begun excavation of the impacted soils. Groundwater was encountered at approximately 7 feet below ground surface. Synergy will continue to excavate and transport impacted soils under waste manifest protocol to a licensed waste facility. Synergy will continue to screen soils to determine the limits of the impacts to soil. Synergy will collect confirmation soil samples upon completion of the excavation for Table 910-1 soil analysis, to ensure impacted soils have been removed. Synergy will collect groundwater samples for COGCC Table 910-1 groundwater analysis, to determine if groundwater has been impacted. Synergy will provide the COGCC with the analytical results and develop a remediation work plan if necessary.

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:

Initial Release Report

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

Signed: _____ Print Name: Jess Alexander

Title: Project Env. Scientist Date: 08/31/2015 Email: jalexander@ltenv.com

Attachment Check List

Att Doc Num **Name**

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

User Group	Comment	Comment Date

Total: 0 comment(s)