

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:

400907446

Date Received:

09/29/2015

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 Phone: <u>(303) 9625535</u> Mobile: <u>(720) 2028879</u> Email: <u>jalexander@ltenv.com</u>
Address: <u>20203 HIGHWAY 60</u>		
City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>		
Contact Person: <u>Jess Alexander</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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 09/23/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>-5</u>	<u>-5</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</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? YES 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): 12 Width of Impact (feet): 8

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

How was extent determined?

Impacted soils were excavated from within the secondary containment area. PID readings were used to delineate the extent of impacts both laterally and vertically. Confirmation soil samples were collected from all four excavation sidewalls and from the floor of the excavation and submitted for laboratory BTEX and TPH analysis.

Soil/Geology Description:

Nelson fine sandy loab 3-9% slope.

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest

Water Well <u>2527</u>	None <input type="checkbox"/>	Surface Water <u>4088</u>	None <input type="checkbox"/>
Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
Livestock _____	None <input checked="" type="checkbox"/>	Occupied Building <u>1268</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Please see attached Supplemental Form 19 and Closure Report Dated September 23, 2015

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/12/2015

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Leaking Production Tank Drain Line

Describe measures taken to prevent the problem(s) from reoccurring:

Replaced Production Tank Drain Line

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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: Jess Alexander
 Title: Project Environmental Sci Date: 09/29/2015 Email: jalexander@ltenv.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400907586	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)