

**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>	<b>Phone Numbers</b>
Address: <u>20203 HIGHWAY 60</u>		Phone: <u>(303) 9625535</u>
City: <u>PLATTEVILLE</u>	State: <u>CO</u>	Mobile: <u>(720) 2028879</u>
Zip: <u>80651</u>		Email: <u>jalexander@ltenv.com</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 SE W    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		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	-5	-5	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>YES</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>12</u>		Width of Impact (feet): <u>8</u>	
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) <u>10</u>		Number Water Wells within 1/2 mile radius: <u>2</u>	
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

### COA Type

### Description

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### Attachment Check List

### Att Doc Num

### Name

400907586	FORM 19 SUBMITTED
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Total Attach: 1 Files

### General Comments

### User Group

### Comment

### Comment Date

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Total: 0 comment(s)