

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

400919896

Date Received:

10/18/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

440856

## 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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	<b>Phone Numbers</b>
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(970) 970) 506-9272</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>
Contact Person: <u>Zack Liesenfeld</u>		Mobile: <u>(970) 506-9272</u>
		Email: <u>zack.liesenfeld@pdce.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400791362

Initial Report Date: 02/12/2015 Date of Discovery: 02/11/2015 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 24 TWP 5N RNG 65W MERIDIAN 6Latitude: 40.378526 Longitude: -104.604995Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 322874☐ 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? 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): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: sunny, 60 degreesSurface 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):

While completing construction activities at the Maxey 2, 33, 43, 44-24, 24D facility, historical impacts were encountered in the area of a flowline. Based on field interpretations, it appears that groundwater impacts are present. Confirmation soil and groundwater samples will be collected.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/12/2015	Landowner		-	PDC land department left a voice message for the landowner
2/12/2015	Weld County	Roy Rudisill	-	email notification

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/18/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE	0	0	<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>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls &amp; floor regardless of construction material, 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 checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>15</u>		Width of Impact (feet): <u>10</u>	
Depth of Impact (feet BGS): <u>7</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
An Initial Form 19 was submitted on February 12, 2015 (Doc# 400791362) and a Supplemental Form 19 was submitted on February 20, 2015 (Doc# 400795993) for the release associated with the flowline.			

Soil/Geology Description:

Nunn clay loam, 0 to 1 percent slopes

Depth to Groundwater (feet BGS)	<u>7</u>	Number Water Wells within 1/2 mile radius:	<u>25</u>
If less than 1 mile, distance in feet to nearest	Water Well <u>1125</u>	None <input type="checkbox"/>	Surface Water <u>15</u> None <input type="checkbox"/>
	Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
	Livestock <u>875</u>	None <input type="checkbox"/>	Occupied Building <u>965</u> None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Reference attached Form 27 Remediation Work Plan for both the dump line and flowline releases.

## 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: Zack Liesenfeld

Title: EHS Professional Date: 10/18/2015 Email: zack.liesenfeld@pdce.com

## Attachment Check List

### Att Doc Num

### Name

400919898

OTHER

Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

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Total: 0 comment(s)