

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:

400927512

Date Received:

11/01/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

443851

SPILL/RELEASE REPORT (INITIAL)

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>GREAT WESTERN OPERATING COMPANY LLC</u>	Operator No: <u>10110</u>	Phone Numbers Phone: <u>(303) 398-0302</u> Mobile: <u>(303) 549-7739</u> Email: <u>sdonato@gwogco.com</u>
Address: <u>1801 BROADWAY #500</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Scot Donato</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400927512

Initial Report Date: 10/29/2015 Date of Discovery: 10/29/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 31 TWP 1S RNG 62W MERIDIAN 6Latitude: 39.913962 Longitude: -104.374145Municipality (if within municipal boundaries): _____ County: ADAMS

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 320235☐ 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): 0Estimated Condensate Spill Volume(bbl): UnknownEstimated 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: NON-CROP LAND Other(Specify): _____Weather Condition: clearSurface 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):

During excavation activities at the site, soil impacts were noted in the vicinity of the former condensate tank. Analytical results confirmed that concentrations of TPH greater than the COGCC Table 910-1 concentration are present in soils at this location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/29/2015	COGCC	Bob Chesson	-	notified via email
10/29/2015	Adams County	Gordon Stevens	-	notified via email
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OPERATOR COMMENTS:

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

Signed: _____ Print Name: Rachel Peterson

Title: Project Manager Date: 11/01/2015 Email: petersonr@agwco.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400927512	FORM 19 SUBMITTED
400927522	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)