

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400933604

Date Received:

11/09/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

443844

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>ENCANA OIL & GAS (USA) INC</u>	Operator No: <u>100185</u>	Phone Numbers
Address: <u>370 17TH ST STE 1700</u>		Phone: <u>(970) 2852925</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>		Mobile: <u>(970) 9019007</u>
Contact Person: <u>Matt Kasten</u>		Email: <u>matt.kasten@encana.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400928465

Initial Report Date: 10/31/2015 Date of Discovery: 10/30/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 36 TWP 7S RNG 96W MERIDIAN 6

Latitude: 39.390552 Longitude: -108.061925

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

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE Facility/Location ID No _____

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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: TBD.

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: partly cloudy, fair

Surface Owner: FEE Other(Specify): Encana

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 1" ball valve in the High Mesa to Wallace Creek 12" Water pipeline vault was found half open, resulting in release of produced water to surrounding area on slope, approximately 300 yards above Pete and Bill Creek. Immediate measures were taken to isolate line, stop flow and prevent surface flow of release from reaching the creek. Produced water was drawn out of the vault and remaining static volume in line was removed at injection facility, C17OU. No surface flow of the release reached the creek. Sampling of soils in affected area is being done.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/30/2015	NRC	Antony Greer	800-424-8802	report # 1132158
10/30/2015	COGCC	Carlos Lujan	970-286-3292	left voice mail

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/09/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	537	480	<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? NO 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): 800 Width of Impact (feet): 10

Depth of Impact (feet BGS): 1 Depth of Impact (inches BGS): _____

How was extent determined?

The lateral and vertical extent was identified through discrete grab samples along the spill path and outside of the release area. Water samples were also collected from the creek and at the down gradient landowners water supply.

Soil/Geology Description:

Potts-Ildefonso complex 12 to 25 percent slopes. Classified as a well drained high runoff soil. Does not have a frequency of flooding or ponding. Release area was very sandy and clay packed to begin, then the release traveled into a sandy/rocky dry drainage.

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>2790</u>	None <input type="checkbox"/>	Surface Water	<u>20</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	<u>20</u>	None <input type="checkbox"/>
Livestock	<u>1500</u>	None <input type="checkbox"/>	Occupied Building	<u>3488</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Initial sampling of release complete. Release will be converted to a Form 27 after the most feasible and economical approach is selected. After Form 27 is complete and approved; work will proceed.

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:

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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: Matt Kasten

Title: Environmental Consultant Date: 11/09/2015 Email: matt.kasten@encana.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400933604	FORM 19 SUBMITTED
400933605	TOPOGRAPHIC MAP
400933606	ANALYTICAL RESULTS
400933607	ANALYTICAL RESULTS
400933608	ANALYTICAL RESULTS

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Please submit via e-form 04 or e-form19 supplemental figures indicating the sampling location: 1) One general aerial photo with the sampling locations along the flow path, 2) A diagram showing the sample location between the cottonwood (where the flow stopped) and the creek.	11/10/2015 3:18:01 PM

Total: 1 comment(s)