

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

400938269

Date Received:

11/17/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

443697

### 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 &amp; GAS (USA) INC</u>	Operator No: <u>100185</u>	<b>Phone Numbers</b>
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# 400922820

Initial Report Date: 10/22/2015 Date of Discovery: 10/09/2015 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 5 TWP 5S RNG 96W MERIDIAN 6

Latitude: 39.649953 Longitude: -108.184562

Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: PIT  Facility/Location ID No 414392  
 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): 0 Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

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

Specify: Unknown. Equipment failure/pit liner.

#### Land Use:

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

Weather Condition: clear

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):

This Form 19 was prepared and submitted in accordance with COGCC Rule 905.c for the discovery of a spill/release during a pit closure. The release and liner failure were identified when the soil beneath the liner was sampled in accordance with Rule 905.b.(4). The Date of incident is the date that sample results were received which identified elevated levels of COGCC table 910-1 constituents of concern. In accordance with COGCC Rule 905.b, a Form 27 was also submitted for this project. The Notification of Completion prepared for this location will detail remediation efforts.

List Agencies and Other Parties Notified:

### 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: 9273

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: Matt Kasten

Title: Env. Consultant Date: 11/17/2015 Email: matt.kasten@encana.com

**COA Type**

**Description**

COA Type	Description

### Attachment Check List

**Att Doc Num**

**Name**

Att Doc Num	Name
400938269	FORM 19 SUBMITTED

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)