

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400947829

Date Received:

12/04/2015

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

441581

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>EE3 LLC</u>	Operator No: <u>10450</u>	Phone Numbers
Address: <u>4410 ARAPAHOE AVENUE #100</u>		Phone: <u>(303) 444-8881</u>
City: <u>BOULDER</u>	State: <u>CO</u>	Zip: <u>80303</u>
Contact Person: <u>Ruth Hartshorn</u>		Mobile: <u>()</u>
		Email: <u>rhartshorn@ee3llc.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400821920

Initial Report Date: 04/08/2015 Date of Discovery: 03/13/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 32 TWP 8N RNG 80W MERIDIAN 6Latitude: 40.627795 Longitude: -106.397892Municipality (if within municipal boundaries): _____ County: JACKSON

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-057-06523

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 and <1Estimated 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: OTHER Other(Specify): Well PadWeather Condition: Spill occurred inside a buildingSurface 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 hose broke on the Grizzly #03-32H jet pump. Whilst the pump was shutting down less than one barrel of power fluid (oil) was released into the pumphouse. The pumphouse on the Grizzly #03-32H location is situated on a rubber mat ensuring that any fluid released was contained and did not penetrate the soil. Any free oil was picked up with a vacuum truck and transferred back through the production facilities on the location.

List Agencies and Other Parties Notified:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	12/04/2015
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify)		
Describe Incident & Root Cause (include specific equipment and point of failure)		
A hose broke on the Grizzly #03-32H jet pump. Whilst the pump was shutting down less than one barrel of power fluid (oil) was released into the pumphouse.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Pumpers will do daily visual inspections of all equipment.		
Volume of Soil Excavated (cubic yards): 14		
Disposition of Excavated Soil (attach documentation)		
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> 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: Ruth Hartshorn

Title: Business Manager Date: 12/04/2015 Email: rhartshorn@ee3llc.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400948049	DISPOSAL MANIFEST
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Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)