

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:

400948466

Date Received:

12/05/2015

Spill report taken by:

Spill/Release Point ID:

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>MONAHAN GAS & OIL INC</u>	Operator No: <u>10095</u>	Phone Numbers
Address: <u>12 DOS RIOS</u>		Phone: <u>(970) 339-5300</u>
City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80634</u>		Mobile: <u>(970) 302-3911</u>
Contact Person: <u>Bill Monahan</u>		Email: <u>artsybmon@q.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400948466

Initial Report Date: 12/05/2015 Date of Discovery: 09/17/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 3 TWP 5N RNG 65W MERIDIAN 6

Latitude: 40.426580 Longitude: -104.651630

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-123-13585

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): >=1 and <5 Estimated Condensate Spill Volume(bbl): 0

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

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

Specify: _____

Land Use:

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

Weather Condition: Partly sunny, breezy

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):

A 2-inch valve near the separator on the production flow line ruptured. Production fluid was leaking via pressurized mist and carried across the adjacent corn field. Some fluid was also leaked on the ground surface adjacent to the separator. The well was immediately shut in and the damaged valve was replaced. Numerous soil samples were screened using a photoionization detector (PID) to determine the presence or absence of organic vapors in areas that appeared to be impacted. Select samples were submitted to a laboratory for analysis. Two samples were also submitted from corn stalks in the adjacent farm land to determine possible impacts to the crops. Further Remediation Activities Proposed: Excavate ground surface in the source area and conduct confirmation sampling post-excavation. Impacted crops will also be addressed and an agreement will be reached between the landowner and Monahan Gas & Oil, Inc. The agreement will be documented and included with the remediation report.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
9/18/2015	CGRS	Kenneth Rogowski	970-493-7780	see attached report

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: Cailan Matthews
 Title: Administrative Assistant Date: 12/05/2015 Email: cailanmatthews@gmail.com

COA Type

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400948467	OTHER
400948469	FORM 19 SUBMITTED
400948470	ANALYTICAL RESULTS

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)