

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:

400949249

Date Received:

12/07/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

444157

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>CARRIZO NIOBRARA LLC</u>	Operator No: <u>10439</u>	Phone Numbers
Address: <u>500 DALLAS STREET #2300</u>		Phone: <u>(713) 358-6227</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Mobile: <u>(281) 770-2735</u>
Zip: <u>77002</u>		Email: <u>eric.johansson@crzo.net</u>
Contact Person: <u>eric johansson</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400943955

Initial Report Date: 11/29/2015 Date of Discovery: 11/27/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR nwnw SEC 36 TWP 9n RNG 59w MERIDIAN 6Latitude: 40.712712 Longitude: -103.930850Municipality (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) 05-123-37073

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): >=5 and <100Estimated 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: OTHEROther(Specify): well padWeather Condition: overcast, snow on the ground ~20FSurface 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):

ARRIVING ON LOCATION JUST BEFORE DARL ON 11/27/15 CARRIZO PERSONNEL ARRIVED ON LOCATION TO FIND AN UPSET THROUGH FLARE STACK RESULTING IN APPROXIMATELY 20 BBLs OF OIL SPILLED ON THE GROUND. ALL LIQUIDS WERE CONTAINED ON PAD, NOTHING GOT OFF LOCATION. WELLS WERE SHUT IN IMMEDIATELY AND SECURED FOR THE NIGHT. CREWS WERE MOBILIZED ON 11/28/15 TO BEGIN CLEAN UP. CREWS ARE STILL ON LOCATION CLEANING AND EXCAVATING IMPACTED SOILS AS OF 11/29/15. IMPACTED SOIL WILL BE HAULED OFF AND DISPOSED OF AT PROPER FACILITY.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/28/2015	COGCC	24 HOUR NUMBER	877-518-5608	LEFT VOICE MESSAGE DETAILING INCIDENT

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: eric johansson
Title: EHS Supervisor Date: 12/07/2015 Email: eric.johansson@crzo.net

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400949249	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Although the Spill Detail Report was not completed on this Supplemental Report, COGCC Staff's site knowledge, field inspection, and discussions with the Operator provide COGCC Staff with the information necessary concerning any threat to receptors. COGCC Staff discussed Detail Report requirements with the Operator for future releases. The Detail Report for this release will be submitted with the next Supplemental Report to be submitted when the Operator requests closure.	12/11/2015 11:03:11 AM

Total: 1 comment(s)