

**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:

400949116

Date Received:

12/07/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

444175

## 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>	Mobile: <u>(970) 9019007</u>
Zip: <u>80202-5632</u>		Email: <u>matt.kasten@encana.com</u>
Contact Person: <u>Matt Kasten</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400945801

Initial Report Date: 12/02/2015      Date of Discovery: 12/01/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 8 TWP 4S RNG 97W MERIDIAN 6

Latitude: 39.718081      Longitude: -108.297152

Municipality (if within municipal boundaries): \_\_\_\_\_ County: RIO BLANCO

#### Reference Location:

Facility Type: TANK BATTERY      ☒ Facility/Location ID No 316354

☐ 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? 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): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Cold

Surface Owner: FEDERAL

Other(Specify): BLM

#### 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):

The lease operator for the H08 well pad in Rio Blanco County had standing fluid in the lined secondary containment. The location was shut in and the fluid was removed. The fire tube on the tank had failed and released approximately 50 bbl into secondary containment. No fluid left secondary containment. The tank has been isolated and repairs are scheduled.

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: \_\_\_\_\_

### 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: 12/07/2015 Email: matt.kasten@encana.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

400949116	FORM 19 SUBMITTED
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Total Attach: 1 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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Total: 0 comment(s)