

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:

400960854

Date Received:

12/29/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

444394

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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	Phone Numbers Phone: <u>(720) 225-6653</u> Mobile: <u>()</u> Email: <u>bdodek@gmail.com</u>
Address: <u>410 17TH STREET SUITE #1400</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Brian Dodek</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400956691

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

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 4 TWP 4N RNG 62W MERIDIAN 6

Latitude: 40.348697 Longitude: -104.326696

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 433884
☐ 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? 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 <100

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: NON-CROP LAND Other(Specify): _____

Weather Condition: 7 degrees, windy, mostly cloudy

Surface Owner: STATE 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):

During production a separator rupture disc failed releasing approximately 4.5 bbls of oil inside containment and an oil spray calculated to be approximately 2.6 bbls outside containment. Crews were immediately dispatched to begin removal of the pooled oil in containment and the oil spray that was confined to the surface of the snow at the location. Once the cleanup activities are complete, environmental personnel will collect soil samples to confirm the remaining surface soil is compliant with COGCC Table 910-1 standards.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/18/2015	State Land Board	Matt Pollart	-on file	Notified of release
12/18/2015	Weld County	Roy Rudisil	-on file	Notified of release
12/18/2015	COGCC	Bob Chesson	-on file	Notified of release via eForm 19

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/28/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	7	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) ☐ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 250 Width of Impact (feet): 145

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

The release extent was determined by visual delineation. The release occurred over thick snow cover and was easily defined.

Soil/Geology Description:

Valent Sand, 3 to 9 percent slopes

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>2702</u>	None <input type="checkbox"/>	Surface Water	<u>2971</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Due to recent storm activity and low temperatures, the snow cover at the location has postponed sampling activities. BCEOC has removed the impacted snow and is in the process of impacted gravel ballast removal in the separator containment. Once the snow melts and the surface soil is visible, BCEOC will confirm all impacted material has been removed. BCEOC personnel will then collect samples from the wellpad surface to confirm the soil is compliant with COGCC Table 910-1 standards.

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: Brian Dodek

Title: Sr Env Specialist Date: 12/29/2015 Email: bdodek@gmail.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

400960854	FORM 19 SUBMITTED
400960898	SITE MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)