

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400970117

Date Received:

01/13/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

444158

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>EOG RESOURCES INC</u> | Operator No: <u>27742</u> | Phone Numbers |
| Address: <u>600 17TH ST STE 1100N</u> | | Phone: <u>(307) 2357124</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | | Mobile: <u>(307) 2516728</u> |
| Contact Person: <u>Steve Bugni</u> | | Email: <u>steve_bugni@eogresources.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400943935

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

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NW/NE SEC 6 TWP 11N RNG 62W MERIDIAN 6

Latitude: 40.955647 Longitude: -104.361733

Municipality (if within municipal boundaries): N/A County: WELD

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) 05-123-31035

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): 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: OTHER Other(Specify): Simba 1-06SWD Wellhead and Facility

Weather Condition: 0 to 15 degrees F, no precipitation

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):

During the early morning of November 11, 2015, approximately 75 bbls of produced water was spilled at the Simba 1-06 SWD. The spill was located outside of secondary containment. All produced water remained on EOG Resources' location. The leak was isolated immediately upon discovery to prevent further spills. The root cause of the spill is under investigation. A vac truck was used to recover all standing fluids. The soils in the affected area were generally frozen, helping prevent the produced water from penetrating deep into the soils.

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:

Analytical laboratory results are attached, along with a site diagram which shows the locations of the composite samples collected in the affected area. Two separate 4-point composite samples were collected.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Steve Bugni

Title: Environmental Tech Date: 01/13/2016 Email: steve_bugni@eogresources.com

COA Type

Description

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment Check List

Att Doc Num

Name

| | |
|-----------|--------------------|
| 400970127 | SITE MAP |
| 400970129 | ANALYTICAL RESULTS |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)