

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

400997547

Date Received:

02/29/2016

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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>BARRETT CORPORATION* BILL</u>	Operator No: <u>10071</u>	Phone Numbers
Address: <u>1099 18TH ST STE 2300</u>		Phone: <u>(303) 293-9100</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Rusty Frishmuth</u>		Mobile: <u>()</u>
		Email: <u>rfrishmuth@billbarrettcorp.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400997547

Initial Report Date: 02/29/2016 Date of Discovery: 02/24/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 25 TWP 8N RNG 62W MERIDIAN 6Latitude: 40.638930 Longitude: -104.276540Municipality (if within municipal boundaries): _____ 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) 05-123-32424

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: OTHER Other(Specify): Active oil production facilityWeather Condition: clear, breezy, unseasonably warmSurface 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):

Historic release of oil discovered in and below well cellar. No active leak discovered during investigation.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/29/2016	Weld Co OEM	Roy Rudisill	-	via e-mail
2/29/2016	Landowner		-	Landowner on file

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/29/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	45	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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>40</u>		Width of Impact (feet): <u>10</u>	
Depth of Impact (feet BGS): <u>6</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
Visual observation and field screening with a PID.			
Soil/Geology Description:			
Native surface soil is a Platner loam however, majority of the impacted soil is clayey fill material.			
Depth to Groundwater (feet BGS) <u>35</u>		Number Water Wells within 1/2 mile radius: <u>3</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>536</u> None <input type="checkbox"/>	Surface Water <u> </u> None <input checked="" type="checkbox"/>
		Wetlands <u> </u> None <input checked="" type="checkbox"/>	Springs <u> </u> None <input checked="" type="checkbox"/>
		Livestock <u> </u> None <input checked="" type="checkbox"/>	Occupied Building <u> </u> None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			
Impacted soils excavated and hauled to Waste Management's landfill in Ault, CO. Confirmation soil samples collected.			

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: Rusty Frishmuth

Title: Env Mgr Date: 02/29/2016 Email: rfrishmuth@billbarrettcorp.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400997793	SITE MAP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)