

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:

401003001

Date Received:

03/10/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445104

SPILL/RELEASE REPORT (INITIAL)

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>	<b>Phone Numbers</b>
Address: <u>600 17TH ST STE 1100N</u>		Phone: <u>(307) 235-7124</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(307) 251-6728</u>
Contact Person: <u>Steve Bugni</u>		Email: <u>steve_bugni@eogresources.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401003001

Initial Report Date: 03/10/2016 Date of Discovery: 03/09/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SE/SE SEC 29 TWP 12N RNG 62W MERIDIAN 6

Latitude: 40.974860 Longitude: -104.337018

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

Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 415877  
 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): >=5 and <100 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: 53 degrees F, p cloudy, no precip

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):

At 9:45 am on March 9, 2016 a spill was discovered at the Randall Creek 2-29H production facility. A hole developed in the firetube of the treater, spilling approximately 65 bbls of fluid inside secondary containment. The well was shut in to prevent further spills. A vacuum truck was used to recover approximately 60 bbls of fluid, which was approximately 45 bbls of oil and 15 bbls of produced water. Cleanup will continue with soils being excavated for disposal. After cleanup is complete, confirmation soil samples will be collected and analyzed for EC, SAR, pH, BTEX, TPH-GRO, and TPH-DRO.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/10/2016	Weld County Emergency Mgmt	Gracie Marquez	970-304-6540	Notified Weld County, CO
3/10/2016	Landowner	Scott Tietmeyer	970-895-0030	Left a voicemail to the landowner

**OPERATOR COMMENTS:**

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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: 03/10/2016 Email: steve\_bugni@eogresources.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

401003001	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)