

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401010057

Date Received:

03/17/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445086

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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	Phone Numbers
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(970) 506-9273</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>		Mobile: <u>(970) 373-6581</u>
Contact Person: <u>Zack Liesenfeld</u>		Email: <u>zack.liesenfeld@pdce.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401002236

Initial Report Date: 03/09/2016 Date of Discovery: 03/07/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 15 TWP 5N RNG 64W MERIDIAN 6

Latitude: 40.403550 Longitude: -104.527490

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No 330519
 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: Spill was approximately 8 bbls

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: Sunny and cool

Surface Owner: FEE Other(Specify): NA

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):

PDC Energy discovered a leaking produced water dump line at the Loustalet 41-15 production facility. Once release origin was determined, the water leg was immediately shut in, line locked out/tagged out, and water vault bottomed out. This release is within secondary containment and current recovery efforts are determining impact extent.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	03/17/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	5	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>YES</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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): _____		Width of Impact (feet): _____		
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____		
How was extent determined?				
On March 7, 2016, a produced water line leak was discovered at the Loustalet 41-15 production facility. Site assessment and source removal activities are on-going and will be summarized in a forthcoming supplemental report. A topographic map is included as Figure 1.				
Soil/Geology Description:				
Haverson loam, 1 to 3 percent slopes				
Depth to Groundwater (feet BGS) <u>13</u>		Number Water Wells within 1/2 mile radius: <u>13</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>485</u> None <input type="checkbox"/>	Surface Water <u>95</u> None <input type="checkbox"/>	
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
		Livestock <u>995</u> None <input type="checkbox"/>	Occupied Building <u>715</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:				

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/17/2016

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

A release occurred from the produced water dump line.

Describe measures taken to prevent the problem(s) from reoccurring:

The dump line will be replaced. Routine pressure testing and site inspections will be completed.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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: Zack Liesenfeld
 Title: EHS Professional Date: 03/17/2016 Email: zack.liesenfeld@pdce.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401010057	FORM 19 SUBMITTED
401010206	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)