

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401019999

Date Received:

04/01/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445284

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: GREAT WESTERN OPERATING COMPANY LLC Operator No: 10110 Address: 1801 BROADWAY #500 City: DENVER State: CO Zip: 80202 Contact Person: Scot Donato Phone Numbers: Phone: (303) 398-0302 Mobile: (303) 549-7739 Email: sdonato@gwogco.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401015105

Initial Report Date: 03/24/2016 Date of Discovery: 03/22/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 15 TWP 6N RNG 67W MERIDIAN 6

Latitude: 40.484493 Longitude: -104.872766

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 319611 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? No

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): Unknown 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): undeveloped Weather Condition: clear 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):

GWOC recently relocated the Haas #1 Tank Battery. As a result of that process, GWOC identified a historical release of produced water. impacted soils were noted and excavated. Soil samples collected from the walls and base of the excavation, and from the stockpile contained concentrations of TPH which exceed Table 910-1 concentrations.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/22/2016	COGCC	Rick Allison	-	notified by email
3/22/2016	Weld County	Troy Swain	-	notified by email
3/24/2016	Town of Windsor	Joe Plummer	-	notified by email
3/22/2016	Surface Owner	Journey Homes	-	notified by email

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 04/01/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER			<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 0 Width of Impact (feet): 0

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 0

How was extent determined?

Extent has not been fully determined yet, but will be during additional excavation and/or drilling activities. The site is currently inaccessible due to significant snowfall and mud conditions.

Soil/Geology Description:

Kim Loam, 1 to 3 percent slopes

Depth to Groundwater (feet BGS) 0 Number Water Wells within 1/2 mile radius: 7

If less than 1 mile, distance in feet to nearest

Water Well	<u>190</u>	None <input type="checkbox"/>	Surface Water	<u>200</u>	None <input type="checkbox"/>
Wetlands	<u>0</u>	None <input type="checkbox"/>	Springs	<u>0</u>	None <input type="checkbox"/>
Livestock	<u>0</u>	None <input type="checkbox"/>	Occupied Building	<u>1600</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

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:

This supplemental Form 19 is being submitted to comply with 10-day spill reporting requirements for this historical release. Additional information is not available about this spill, but will be provided once additional investigation activities have been undertaken.

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

Signed: _____ Print Name: Rachel Peterson

Title: Project Manager Date: 04/01/2016 Email: petersonr@agwassenaar.com

COA Type

Description

<u>COA Type</u>	<u>Description</u>

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)