

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:

401040113

Date Received:

05/03/2016

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

445602

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>AUGUSTUS ENERGY RESOURCES LLC</u>	Operator No: <u>10489</u>	Phone Numbers
Address: <u>36695 HWY 385</u>		Phone: <u>(970) 332-3585</u>
City: <u>WRAY</u>	State: <u>CO</u>	Zip: <u>80758</u>
Contact Person: <u>Loni Davis</u>		Mobile: <u>()</u>
		Email: <u>ldavis@augustusenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401034825

Initial Report Date: 04/22/2016 Date of Discovery: 04/22/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 1 TWP 1S RNG 46W MERIDIAN 6

Latitude: 39.995750 Longitude: -102.467940

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

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE ☒ Facility/Location ID No 416888

☐ 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? 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? 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): >=1 and <5

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: Warm & Windy

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):

Approx. 1-3 bbls. slight surface water, it is a 3" SDR 11 poly line 4710 Hard rosin. Line was isolated and a vac truck was used to removed all surface water and sucked the line dry. Line will be repaired with electro fusion collars on Monday April 25th. We don't know the reason for the failure yet, however, we do know it is not an over pressuring issue as this line runs between 75-85 psig and is monitored daily. After reason for failure has been determined, measures will be taken to prevent future failures. The last failure within this system was October of 2015. Soil samples were taken and will be sent to the lab Monday. Affected area was approx. 2' long and 2' wide.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
4/22/2016	COGCC	Rob Young	-	Via e-mail no response
4/22/2016	COGCC	Mark Schlagenhauf	-	Via e-mail no response
4/22/2016	COGCC	Joe Maclaren	-	Via e-mail no response
4/22/2016	Yuma County	Kara Hoover	-	Via e-mail no response
4/22/2016	Landowner	Alan White	970-848-5234	Left Message

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: Loni Davis

Title: Oper Acctg & Reg Spec Date: 05/03/2016 Email: ldavis@augustusenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401040113	FORM 19 SUBMITTED
401040116	ANALYTICAL RESULTS
401040119	OTHER

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)