

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401049845

Date Received:

05/18/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445470

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: SYNERGY RESOURCES CORPORATION	Operator No: 10311	Phone Numbers
Address: 20203 HIGHWAY 60		Phone: (970) 7371073
City: PLATTEVILLE State: CO Zip: 80651		Mobile: (970) 2300435
Contact Person: David Pennington		Email: dpennington@syrginfo.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401026931

Initial Report Date: 04/13/2016 Date of Discovery: 04/12/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 12 TWP 6N RNG 65W MERIDIAN 6

Latitude: 40.507591 Longitude: -104.609899

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 323590
 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): Unknown

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: CROP LAND Other(Specify):

Weather Condition: Clear 70s

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):

Historical hydrocarbon impacts to soil and groundwater were observed while removing a buried concrete vault as part of P&A activities. Synergy is presently conducting source removal excavations in and around the area of discovery. The associated well, flow line, and processing equipment have already been decommissioned and removed from the Site.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/13/2016	Weld County LGD	Troy Swain	970-3536100	No Response

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 05/18/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u> </u>	<u> </u>	<input checked="" type="checkbox"/>
PRODUCED WATER	<u> </u>	<u> </u>	<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): 50 Width of Impact (feet): 50

Depth of Impact (feet BGS): 8 Depth of Impact (inches BGS): _____

How was extent determined?

Confirmation soil and groundwater samples collected from the source removal excavation and from soil borings and groundwater monitoring wells installed to delineate the extent of the impacts.

Soil/Geology Description:

Otero Sandy Loam, 1-3% slope

Depth to Groundwater (feet BGS) 8 Number Water Wells within 1/2 mile radius: 6

If less than 1 mile, distance in feet to nearest

Water Well	<u>355</u>	None <input type="checkbox"/>	Surface Water	<u>90</u>	None <input 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>280</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/18/2016

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 Synergy representative observed historical impacts to soil and groundwater while conducting plug and abandonment activities at the Site.

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

The facility is presently being plugged and abandoned.

Volume of Soil Excavated (cubic yards): 850

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: Jess Alexander
 Title: Proj. Env. Scientist Date: 05/18/2016 Email: jalexander@ltenv.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401049845	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Environmental	The Operator is directed to submit a Form 19 Supplemental Report - Request for Closure concurrent with the submittal of a Form 27 Site Investigation and Remediation Workplan.	5/23/2016 8:56:21 AM

Total: 1 comment(s)