

# State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401055872

Date Received:

06/01/2016

Spill report taken by:

Spill/Release Point ID:

## SPILL/RELEASE REPORT (INITIAL /w 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: ARP PRODUCTION COMPANY LLC	Operator No: 10471	<b>Phone Numbers</b>
Address: 1000 COMMERCE DRIVE - 4TH FL		Phone: (575) 445-6706
City: PITTSBURGH State: PA Zip: 15275		Mobile: (575) 420-1120
Contact Person: Randy Madison		Email: rmadison@atlasenergy.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401055872

Initial Report Date: 05/31/2016 Date of Discovery: 05/30/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 15 TWP 34S RNG 66W MERIDIAN 6

Latitude: 37.080279 Longitude: -104.763327

Municipality (if within municipal boundaries): County: LAS ANIMAS

#### Reference Location:

Facility Type: PIPELINE ☐ Facility/Location ID No ☐  
☐ No Existing Facility or Location ID No.  
☒ Well API No. (Only if the reference facility is well) 05-071-07321

#### 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: 2 Barrels of Produced Water

#### Land Use:

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

Weather Condition: Clear and Sunshine

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):

2" vent on a water line had a small hole do to corrosion. The line was isolated by closing valves in the area. The pipe was excavated and the small amount of water was collected in the trench. It was hydo-vacuumed up into a truck.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/30/2016	COGCC	Jason Kosola	719-574-8602	Received and E-Mail confirming report of Spill
5/30/2016	Las Animas County	Bob Lucero	719-680-5100	No Response
5/30/2016	Vermejo Park Ranch	Gus Holm	575-447-1145	

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 05/30/2016		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	2	1	<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>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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): <u>3</u>		Width of Impact (feet): <u>4</u>	
Depth of Impact (feet BGS): <u>1</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
Measuring with a tape measure.			
Soil/Geology Description:			
Saruche-Rombo Complex			
Depth to Groundwater (feet BGS) <u>231</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>None</u> <input checked="" type="checkbox"/>	Surface Water <u>None</u> <input checked="" type="checkbox"/>
		Wetlands <u>None</u> <input checked="" type="checkbox"/>	Springs <u>None</u> <input checked="" type="checkbox"/>
		Livestock <u>None</u> <input checked="" type="checkbox"/>	Occupied Building <u>None</u> <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 05/30/2016
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure) 2" riser on a vent corroded through at but 1' up from the 90 degree elbow.	
Describe measures taken to prevent the problem(s) from reoccurring: The whole piece of pipe was replaced with coated pipe. It was then coated with additional corrosion inhibitor. An anode was bonded to the pipe and installed.	
Volume of Soil Excavated (cubic yards): 0	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> 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:

This line has been excavated and repaired there is no further action needed . The release was contained to a 12 sp.ft. All but 20 gallons of produced water was recovered. See attached water analysis.

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

Signed: \_\_\_\_\_ Print Name: Randy Madison

Title: EHS Specialist Date: 06/01/2016 Email: rmadison@atlasenergy.com

## COA Type

## Description

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## Attachment Check List

### Att Doc Num

### Name

401055983	TOPOGRAPHIC MAP
401055984	OTHER

Total Attach: 2 Files

## General Comments

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

Total: 0 comment(s)