

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:

401068217

Date Received:

06/24/2016

**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.

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

446199

**OPERATOR INFORMATION**

Name of Operator: <u>HUNTER RIDGE ENERGY SERVICES LLC</u>	Operator No: <u>10442</u>	<b>Phone Numbers</b>
Address: <u>370 17TH STREET #1700</u>		Phone: <u>(970) 285-2739</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(970) 987-4650</u>
Contact Person: <u>Brett Middleton</u>		Email: <u>brett.middleton@encana.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 401064094

Initial Report Date: 06/16/2016 Date of Discovery: 06/14/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SWSW SEC 14 TWP 4S RNG 96W MERIDIAN 6

Latitude: 39.698000 Longitude: -108.144000

Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

**Reference Location:**

Facility Type: FLOWLINE  Facility/Location ID No \_\_\_\_\_  
 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): >=5 and <100

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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: Clear

Surface Owner: FEE Other(Specify): Piceance Creek Ranch & Mike Bishop

**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):

see attached

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
6/14/2016	NRC	NRC	720-3307280	Yes
6/14/2016	COGCC	Carlos Lujan	970-6254297	Yes, on-site visit also
6/14/2016	Garfield County	Kirby Winn	970-6255905	Yes
6/14/2016	Rio Blanco	Mike Garner	970-8789454	No response
6/16/2016	BLM	Bud Thompson	970-8783828	Yes

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 06/24/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE		40	<input type="checkbox"/>
PRODUCED WATER	0	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? 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): 10000 Width of Impact (feet): 8

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

How was extent determined?

Visually, further investigation will continue in the coming weeks a drill rig is scheduled for Monday, June 27th. Length, width and depth are estimated at this time. Depth to ground water is estimated, after drilling is completed accurate depths will be submitted.

Soil/Geology Description:

Irigul channery loam 9 to 50 percent slopes

Depth to Groundwater (feet BGS) 40 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	<u>4670</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	<u>4670</u>	None <input type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

The volume of Condensate has not yet been determined. Please change point of release to 39.67943, -108.14789 On 6/20/2016 Andrew Ross was contacted with the CDPHE @ 303-692-3395, Andrew requested we cc him on correspondences.

## 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:

Attn: Carlos Lujan

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

Signed: \_\_\_\_\_ Print Name: Brett Middleton

Title: Environmental Specialist Date: 06/24/2016 Email: brett.middleton@encana.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>
401068363	OTHER

Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

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

Total: 0 comment(s)