

State of Colorado
Oil and Gas Conservation Commission

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07/15/2016

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:

CANFIELD, CHRIS

Spill/Release Point ID:

446568

OPERATOR INFORMATION

Name of Operator: <u>CARRIZO NIOBRARA LLC</u>	Operator No: <u>10439</u>	Phone Numbers
Address: <u>500 DALLAS STREET #2300</u>		Phone: <u>(713) 358-6227</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		Mobile: <u>(281) 770-2735</u>
Contact Person: <u>eric johansson</u>		Email: <u>eric.johansson@crzo.net</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401072749

Initial Report Date: 07/04/2016 Date of Discovery: 07/01/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR nese SEC 16 TWP 2s RNG 66w MERIDIAN 6

Latitude: 39.878730 Longitude: -104.777559

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

Reference Location:

Facility Type: PIT Facility/Location ID No 113694
 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): Unknown Estimated Condensate Spill Volume(bbl): Unknown

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

Estimated Other E&P Waste Spill Volume(bbl): Unknown Estimated Drilling Fluid Spill Volume(bbl): Unknown

Specify: _____

Land Use:

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

Weather Condition: partly sunny approximately 90 F

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):

During pit closure assessment activities impacted soil staining were found during soil boring below surface. All soil impacts were historic and groundwater was not encountered during assessment activities. This Form 19 is being filed to document what was found during onsite assessment of pit. All future progress on the project will be conducted under Form 27 activities and protocol. Chris Canfield and John Axelson with COGCC has been notified if the situation. Lab analysis should be received in the days to come identifying specifics on the impacts.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/1/2016	COGCC	Chris Canfield	-	Left voice message notifying findings.
7/1/2016	COGCC	John Axelson	-	Notified of situation via phone call, more informatin to follow

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: 9695

OPERATOR COMMENTS:

Work on this project will be proceeding under remediation project # 9596. Request closure to this Form 19.

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

Signed: _____ Print Name: eric johansson

Title: EHS Supervisor Date: 07/15/2016 Email: eric.johansson@crzo.net

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)