

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:

401093009

Date Received:

08/12/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

447272

SPILL/RELEASE REPORT (INITIAL)

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>GREAT WESTERN OPERATING COMPANY LLC</u>	Operator No: <u>10110</u>	Phone Numbers Phone: <u>(303) 466-0101</u> Mobile: <u>(303) 549-7739</u> Email: <u>sdonato@gwogco.com</u>
Address: <u>1801 BROADWAY #500</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Scot Donato</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401093009

Initial Report Date: 08/12/2016 Date of Discovery: 08/10/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 20 TWP 4N RNG 67W MERIDIAN 6Latitude: 40.298140 Longitude: -104.914920Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No. _____
☐ No Existing Facility or Location ID No.
☒ Well API No. (Only if the reference facility is well) 05-123-32968

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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): >=100Estimated Drilling Fluid Spill Volume(bbl): 0Specify: frac water

Land Use:

Current Land Use: OTHER Other(Specify): production padWeather Condition: clearSurface 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):

Fracing operations at another nearby well communicated with the Binder well. A slug of sand washed out a pipe nipple creating a small hole. Frac water was released on the binder pad, but didn't leave the pad. There were no visible hydrocarbons.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/10/2016	COGCC		-	
8/10/2016	Weld County		-	
8/10/2016	Surface Owner	Tom Binder	970-587-2360	

OPERATOR COMMENTS:

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

Signed: _____ Print Name: Rachel Peterson

Title: Senior Project Manager Date: 08/12/2016 Email: petersonr@agwco.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401093009	FORM 19 SUBMITTED
401093039	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)