

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:

401096233

Date Received:

08/19/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

447272

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: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Operator No: <u>10110</u>	Phone Numbers
Address: <u>1801 BROADWAY #500</u>		Phone: <u>(303) 398-0302</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(303) 549-7739</u>
Zip: <u>80202</u>		Email: <u>sdonato@gwogco.com</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: OTHEROther(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

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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/19/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<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	300	300	<input type="checkbox"/>

specify: frac water

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): Depth of Impact (inches BGS):

How was extent determined?

Visual determination

Soil/Geology Description:

Kim Loam, 5 to 9 percent slopes

Depth to Groundwater (feet BGS) 50 Number Water Wells within 1/2 mile radius: 6

If less than 1 mile, distance in feet to nearest	Water Well <u>2025</u>	None <input type="checkbox"/>	Surface Water <u>325</u>	None <input type="checkbox"/>
	Wetlands <u>325</u>	None <input type="checkbox"/>	Springs <u> </u>	None <input checked="" type="checkbox"/>
	Livestock <u> </u>	None <input checked="" type="checkbox"/>	Occupied Building <u>780</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Frac water was released on the Binder pad, but didn't leave the pad. There were no visible hydrocarbons. Further documentation of soil sampling will be provided. No soil has been excavated pending soil sample results.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 08/19/2016
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)	
Fracing operations at another nearby well communicated with the Binder well. A slug of sand washed out a pipe nipple creating a small hole.	
Describe measures taken to prevent the problem(s) from reoccurring:	
Changes to Standard Operating Procedures during frac operations. GWOC will make sure there are no bumper springs and no plungers left at the well that can get stuck and keep master valve from closing. They will also bypass production iron and use flowback iron.	
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:

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: 08/19/2016 Email: petersonr@agwco.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
401096233	FORM 19 SUBMITTED
401096263	TOPOGRAPHIC MAP
401096266	SITE MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)