

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:

401112025

Date Received:

09/17/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444439

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>WESCO OPERATING INC</u>	Operator No: <u>95520</u>	Phone Numbers
Address: <u>120 S DURBIN STREET</u>		Phone: <u>(307) 577-5329</u>
City: <u>CASPER</u> State: <u>WY</u> Zip: <u>82602</u>		Mobile: <u>(577) 259-0230</u>
Contact Person: <u>Dave Weinert</u>		Email: <u>davew@kirkwoodcompanies.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400960669

Initial Report Date: 12/28/2015 Date of Discovery: 12/26/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 8 TWP 4N RNG 95W MERIDIAN 6

Latitude: 40.327860 Longitude: -108.074960

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

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- _____

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): >=1 and <5 Estimated Condensate Spill Volume(bbl): 0

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: OTHER Other(Specify): grazing

Weather Condition: cold, 3 to 4 feet snow on ground

Surface Owner: FEE Other(Specify): Cook

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):

Recreational snowmobilers drove their snowmobile into a pipeline drain valve in an effort to avoid a powerline guy wire. The snowmobiler reported the spill to the landowner who in turn reported the spill to Wesco. The oil sprayed into the air when the valve was damaged by the snowmobile, covered an approximately 30 foot by 15 foot area of snow, but apparently not reaching the underlying soil. Approximately 3 barrels of crude oil was released. The pump sending oil through the pipeline was shut off and the valve repaired. The oil covered snow will be recovered and placed into the Maudlin Gulch field soil staging area for recovery of the fluids when the snow melts.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/28/2015	COGCC	Kris Neidel	970-971-1963	submit spill report

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:

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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: Dave Weinert

Title: HSE Coordinator Date: 09/17/2016 Email: davew@kirkwoodcompanies.com

COA Type

Description

	Request for closure was removed by COGCC.
	soils should demonstrate compliance with COGCC table 910-1 (BTEX and TPH).

Attachment Check List

Att Doc Num

Name

401112025	FORM 19 SUBMITTED
401112027	OTHER
401112028	OTHER

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)