

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:

401144159

Date Received:

11/07/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

444065

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>BARRETT CORPORATION* BILL</u>	Operator No: <u>10071</u>	Phone Numbers
Address: <u>1099 18TH ST STE 2300</u>		Phone: <u>(303) 312-8718</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Rusty Frishmuth</u>		Mobile: <u>()</u>
		Email: <u>rfrishmuth@billbarrettcorp.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400941180

Initial Report Date: 11/22/2015 Date of Discovery: 11/21/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWM| SEC 15 TWP 4N RNG 62W MERIDIAN 6
NE

Latitude: 40.318705 Longitude: -104.307443

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 439461
☐ 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: NON-CROP LAND Other(Specify): _____

Weather Condition: Clear and cold

Surface Owner: FEE Other(Specify): Anschutz Equus Farms

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

A check valve, subsequently found to be cross threaded, leaked overnight and released approximately 3.5 bbls of oil to nearby surface soils. A roustabout crew was mobilized to remove impacted surface soils and snow.

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/28/2015	Weld Co OEM	Gracie Marquez	-	via e-mail
11/23/2015	Landowner	On file	-	via phone

#1	Supplemental Report Date:	11/07/2016
Cause of Spill (Check all that apply) <input checked="" type="checkbox"/> Human Error <input 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) <div style="border: 1px solid black; padding: 10px; margin-top: 5px;"> A check valve, subsequently found to be cross-threaded, leaked and released approximately 3.5 bbls of oil to nearby surface soils. </div>		
Describe measures taken to prevent the problem(s) from reoccurring: <div style="border: 1px solid black; padding: 10px; margin-top: 5px;"> Reviewed incident with facility construction team to discuss proper installation of check valves. Inspected other checkvalves at the facility to ensure they were properly installed. </div>		
Volume of Soil Excavated (cubic yards): <u>32</u>		
Disposition of Excavated Soil (attach documentation) <input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> Other (specify) _____		
Volume of Impacted Ground Water Removed (bbls): <u>0</u>		
Volume of Impacted Surface Water Removed (bbls): <u>0</u>		

Form 27 Remediation Project No:

Signed: _____ Print Name: Rusty Frishmuth

Title: Env Manager Date: 11/07/2016 Email: rfrishmuth@billbarrettcorp.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401144165	DISPOSAL MANIFEST
401144166	AERIAL PHOTOGRAPH
401144173	ANALYTICAL RESULTS
401144183	ANALYTICAL RESULTS

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)