

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:

401149114

Date Received:

11/14/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

159846

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>CRIMSON EXPLORATION OPERATING INC</u>	Operator No: <u>10170</u>	Phone Numbers
Address: <u>717 TEXAS AVENUE SUITE 2900</u>		Phone: <u>(713) 2367530</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		Mobile: <u>()</u>
Contact Person: <u>Chet Stuart</u>		Email: <u>CStuart@Contango.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400778816

Initial Report Date: 01/22/2015 Date of Discovery: 01/22/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 20 TWP 6S RNG 64W MERIDIAN 6

Latitude: 39.513910 Longitude: -104.574691

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-039-06524

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? Yes

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): 0 Estimated Produced Water Spill Volume(bbl): Unknown

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Source location, type, and volume of release are unknown

Land Use:

Current Land Use: OTHER Other(Specify): Rangeland

Weather Condition: Sunny, 40 degrees 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):

While conducting shallow excavation inside the tank battery berm to address a surface release (Document #s 400773673, 400777854), historical petroleum hydrocarbon impacts were encountered at approximately 6 inches below ground surface. There was no indication that any lines, tanks, or valves were leaking. All associated fittings were tight. The volume of the release is unknown. A topographic Site Location Map is provided as Figure 1.

List Agencies and Other Parties Notified:

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:

Ty Smith (Lesair) discussed the project with Bob Chesson. Analytical results from sample taken 09/13/2016 demonstrates that soil is below Table 910 threshold.

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

Signed: _____ Print Name: Ty J Smith

Title: Sr Project Engineer Date: 11/14/2016 Email: TySmith@Lesair.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name
401149131	ANALYTICAL RESULTS

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)