

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401159192

Date Received:

12/01/2016

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

448546

SPILL/RELEASE REPORT (INITIAL)

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>URSA OPERATING COMPANY LLC</u>	Operator No: <u>10447</u>	Phone Numbers
Address: <u>1050 17TH STREET #1700</u>		Phone: <u>(970) 6259922</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80265</u>		Mobile: <u>()</u>
Contact Person: <u>Dwayne Knudson</u>		Email: <u>dknudson@ursaresources.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401159192

Initial Report Date: 12/01/2016 Date of Discovery: 11/29/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 5 TWP 7S RNG 95W MERIDIAN 6

Latitude: 39.459954 Longitude: -108.014076

Municipality (if within municipal boundaries): Battlement Mesa County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 438312
 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Specify: 45 bbls

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: Sunny, cold (~25F), snow present

Surface Owner: FEE Other(Specify): Private

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):

The release is believed to have occurred due to mechanical equipment failure on a completions tank from a hole on the bottom. The tank is currently being cleaned and inspected to verify the release was in fact cause by mechanical failure. Additional information as to the root cause of the release will be provided in the Supplemental Form 19 due within 10 day. Once on-site personnel observed liquids within the secondary containment, a vac truck was utilized to recover ~8 bbls in the northwest corner of the pad. The entire release has been contained on location within the earthen bermed containment cell and above the bentonite liner installed under the subsurface of the pad. No signs or indications of the release migrating laterally or vertically beyond the containment has been observed. Sample(s) have been collected from the areas that are accessible and will be submitted to the lab for Table 910-1 analysis.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/29/2016	Landowner	Withheld	-	withheld to protect landowner ID
11/29/2016	LEPC	Kiry Wynn	970-945-0453	Non-emergency e-mail
11/29/2016	COGCC	Carlos Lujan	970-625-2497	Non-emergency e-mail
11/29/2016	Fire Dept	David Blair	970-285-9119	Non-emergency e-mail
11/29/2016	City Water Intake	Mark King	970-285-1821	Non-emergency e-mail

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: Kris Rowe

Title: Env. Consultant Date: 12/01/2016 Email: krowe@hrlcomp.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401159192	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)