

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

401180850

Date Received:

01/10/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

448872

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

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401176254

Initial Report Date: 01/03/2017 Date of Discovery: 12/31/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 26 TWP 6N RNG 67W MERIDIAN 6Latitude: 40.459390 Longitude: -104.863360Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 333035☐ 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): >=5 and <100Estimated 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): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: OTHER Other(Specify): productionWeather Condition: sunny, coolSurface 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):

GUN LINE HOSE BETWEEN SHAKER PIT & SUB BURST WHILE CREWS WERE TRIPPING PIPE. RELEASING 20+ BBLs, ESTIMATED 5+ BBLs OBM OUTSIDE OF CONTAINMENT

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/1/2017	COGCC		-	notified by email
1/1/2017	Weld County		-	notified by email
1/1/2017	Town of Windsor		-	notified by email
1/1/2017	surface owner	OmniTRAX	-	notified by email

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 01/10/2017		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	20	20	<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	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>20</u>		Width of Impact (feet): <u>20</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>2</u>	
How was extent determined?			
Visual determination			
Soil/Geology Description:			
Nunn Clay Loam, 0 to 1 percent slopes			
Depth to Groundwater (feet BGS) <u>30</u>		Number Water Wells within 1/2 mile radius: <u>28</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>763</u> None <input type="checkbox"/>	Surface Water <u>895</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>1100</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

Soil sampling will be conducted to confirm adequate cleanup of release. Further documentation of soil sampling will be provided.

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 01/10/2017
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)	
GUN LINE HOSE BETWEEN SHAKER PIT & SUB BURST WHILE CREWS WERE TRIPPING PIPE. RELEASING 20+ BBLs, ESTIMATED 5+ BBLs OBM OUTSIDE OF CONTAINMENT	
Describe measures taken to prevent the problem(s) from reoccurring:	
Hose was replaced and personnel will inspect remaining hoses for defect or wear and replace as needed.	
Volume of Soil Excavated (cubic yards): 1	
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): 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 A. Peterson

Title: Senior Project Manager Date: 01/10/2017 Email: petersonr@agwassenaar.com

## COA Type

## Description

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## Attachment Check List

### Att Doc Num

### Name

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Total Attach: 0 Files

## General Comments

### User Group

### Comment

### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)