

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

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 6

Latitude: 40.459390 Longitude: -104.863360

Municipality (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 <100 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): production

Weather Condition: sunny, cool

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):

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

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>20</u>	<u>20</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 20 Width of Impact (feet): 20

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

Visual determination

Soil/Geology Description:

Nunn Clay Loam, 0 to 1 percent slopes

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 28

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) Human Error Equipment Failure Historical-Unknown
 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) Offsite Disposal Onsite Treatment
 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

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401180850	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	COGCC notes that the closest mapped water well permit documents to this location show that depth to ground water may be as shallow as 9 feet.	01/13/2017

Total: 1 comment(s)