

**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:

401204571

Date Received:

02/08/2017

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

449146

## 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>MULL DRILLING COMPANY INC</u>	Operator No: <u>61250</u>	<b>Phone Numbers</b>
Address: <u>1700 N WATERFRONT PKWY B#1200</u>		Phone: <u>(719) 342-1812</u>
City: <u>WICHITA</u>	State: <u>KS</u>	Mobile: <u>(719) 342-1812</u>
Zip: <u>67206-6637</u>		Email: <u>csmalley@mulldrilling.com</u>
Contact Person: <u>CARL SMALLEY</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401204571

Initial Report Date: 02/08/2017      Date of Discovery: 02/07/2017      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 6 TWP 14S RNG 42W MERIDIAN 6

Latitude: 38.866930      Longitude: -102.152380

Municipality (if within municipal boundaries): \_\_\_\_\_ County: CHEYENNE

#### Reference Location:

Facility Type: WELL      ☐ Facility/Location ID No \_\_\_\_\_  
☐ No Existing Facility or Location ID No.  
☒ Well API No. (Only if the reference facility is well) 05-017-06913

#### 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: CROP LAND      Other(Specify): \_\_\_\_\_

Weather Condition: CALM 50F

Surface Owner: FEE      Other(Specify): KYLE GERWECK

#### 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):

SPILL WAS DISCOVERED BY LEASE OPERATOR 2/7/17 AT 11 AM. WELL HEAD PACKING FAILED AND LEAKED. LEAK WAS STOPPED BY ACCUATING SUPLIMENTAL PACKING (RADIGAN- EMERGENCY PACKING BACK-UP). THE SPILL WAS CONTAINED BY HAND SHOVELING SMALL DIKE TO KEEP CRUDE OIL FROM INTERING CROP GROUND (WINTER WHEAT). HOT OIL TRUCK WAS DISPATCHED TO RECOVER FREE FLUIDS. FIVE BARREL CRUDE OIL SPILLED.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/7/2017	COGCC	JASON KOSOLA	719-641-0291	REPORTED - LEFT MESSAGE
2/7/2017	SURFACE OWNER	KYLE GERWECK	719-767-8965	REVIEWED CLEAN-UP PROCESS
2/8/2017	LGD	ROD PELTON	719-342-1864	LEFT MESSAGE WITH
2/8/2017	COGCC	JASON KOSOLA	719-641-0291	E-MAILED REPORT OF SPILL

**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: CARL D. SMALLEY

Title: ENVIRONMENTAL MGER. Date: 02/08/2017 Email: CSMALLEY@MULLDRILLING.COM

**COA Type**

**Description**

	Operator shall provide root cause of spill and prevention procedures on Form 19 Subsequent.
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**Attachment Check List**

**Att Doc Num**

**Name**

401204571	SPILL/RELEASE REPORT(INITIAL)
401204670	TOPOGRAPHIC MAP
401204871	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)