

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401210409

Date Received:

02/15/2017

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

449146

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>MULL DRILLING COMPANY INC</u>	Operator No: <u>61250</u>	Phone Numbers
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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/15/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	5	5	<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, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <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>100</u>		Width of Impact (feet): <u>100</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Length and width determined visually. The depth of impact will be delineated by soil sampling in future.			
Soil/Geology Description:			
Keith Richfield silt loam - 0 to 2 percent slopes (MUD #19)			
Depth to Groundwater (feet BGS) <u>256</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>4069</u> None <input type="checkbox"/>	Surface Water <u>5082</u> None <input type="checkbox"/>	
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock <u>1300</u> None <input type="checkbox"/>	Occupied Building <u>2640</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

Water well = 4,069 feet to nearest active water well. There are several others water wells listed on COGCC map that have no surface equipment (non-active or plugged). Surface water = Smokey Creek River north of spill site 5,082 feet (surface water only in times of precipitation). Livestock = horses in section north of spill site 1,300 feet north. Five barrel crude oil that was recovered was taken to the NWAU Water Plant skim tank.

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:

Soil sampling = soon as lab sends sampling jars.

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

Signed: _____ Print Name: CARL SMALLEY

Title: MDC Enviro. Manager Date: 02/15/2017 Email: csmalley@mulldrilling.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401210409	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401220410	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)