

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:

401241549

Date Received:

03/23/2017

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

449713

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>PETERSON ENERGY OPERATING INC</u>	Operator No: <u>68710</u>	Phone Numbers
Address: <u>2154 W EISENHOWER BLVD</u>		Phone: <u>(970) 669-7411</u>
City: <u>LOVELAND</u> State: <u>CO</u> Zip: <u>80537</u>		Mobile: <u>(970) 203-4263</u>
Contact Person: <u>Andy Peterson</u>		Email: <u>andy@petersonenergyoperating.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401205047

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

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 28 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.115060 Longitude: -105.015111

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-123-09239

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? No

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

Estimated Oil Spill Volume(bbl): >=1 and <5 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: Warm, Dry, Windy

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):

While excavating to plumb braidenhead to surface, contaminated soil was discovered adjacent to well head. No source is was found during initial observation.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/8/2017	Land Owner	Spike Rasmussen	303-7093933	

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 03/23/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>5</u>	<u>5</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): 113 Width of Impact (feet): 85

Depth of Impact (feet BGS): 8 Depth of Impact (inches BGS): _____

How was extent determined?

To determine the extent of the contamination, the impacted area was excavated and the walls of the excavation were sampled. A photoionization detector (PID) was used to screen soil samples and identify the extent of contamination. The samples that tested acceptable by the PID meter from each wall, the floor and the groundwater were sent to the lab for analysis.

Soil/Geology Description:

Tan to Brown Well-graded Clayey Sand

Depth to Groundwater (feet BGS) 8 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u> </u>	None <input checked="" type="checkbox"/>	Surface Water	<u>1330</u>	None <input type="checkbox"/>
Wetlands	<u> </u>	None <input checked="" type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u>3100</u>	None <input type="checkbox"/>	Occupied Building	<u>460</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/23/2017

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)

Historical Release; no evidence of active leak; contaminated soil was excavated.

Describe measures taken to prevent the problem(s) from reoccurring:

All well equipment is maintained and in proper operating condition to prevent spill or release.

Volume of Soil Excavated (cubic yards): 2000

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:

Please see attached report from third party environmental consultant used during remediation process. Report includes waste disposal manifests, a map of the excavation and contamination, and all lab analysis.

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

Signed: _____ Print Name: Ryan Dornbos

Title: Petroleum Engineer Date: 03/23/2017 Email: ryan@petersonenergyoperating.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401241740	OTHER

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)