

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401243574

Date Received:

03/27/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

449711

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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	Phone Numbers
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(970) 506-9272</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>		Mobile: <u>(970) 373-6581</u>
Contact Person: <u>Zack Liesenfeld</u>		Email: <u>Zack.Liesenfeld@pdce.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401236815

Initial Report Date: 03/20/2017 Date of Discovery: 03/17/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 10 TWP 5N RNG 64W MERIDIAN 6

Latitude: 40.415150 Longitude: -104.545280

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 323125
 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): Unknown 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: Sunny and Warm

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):

PDC discovered a reportable historic release on the Wacker 1 while decommissioning the production facility. Current recovery efforts are mitigating impacts.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/17/2017	COGCC	Rick Allison	-	Via Email
3/17/2017	Weld County	Roy Rudissil	-	Via Email
3/17/2017	Landowner	NA	-	Via Phone Call

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 03/27/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" 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): 30 Width of Impact (feet): 46

Depth of Impact (feet BGS): 26 Depth of Impact (inches BGS): _____

How was extent determined?

On March 17, 2017, a historic release was discovered during decommissioning activities at the Wacker 1 production facility. Site investigation and sampling activities are on-going and will be summarized in a forthcoming report. A topographic map is attached as Figure 1.

Soil/Geology Description:

Haverson loam, 1 to 3 percent slopes.

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 9

If less than 1 mile, distance in feet to nearest

Water Well	<u>715</u>	None <input type="checkbox"/>	Surface Water	<u>3040</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>5160</u>	None <input type="checkbox"/>	Occupied Building	<u>495</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	03/27/2017	
Cause of Spill (Check all that apply)			
<input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Historical-Unknown			
<input type="checkbox"/> Other (specify) _____			
Describe Incident & Root Cause (include specific equipment and point of failure)			
A historic release was discovered below the produced water vessel during facility decommissioning activities.			
Describe measures taken to prevent the problem(s) from reoccurring:			
The facility was decommissioned and will not be rebuilt.			
Volume of Soil Excavated (cubic yards): 140			
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): _____			
Volume of Impacted Surface Water Removed (bbls): _____			

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: Zack Liesenfeld

Title: EHS Professional Date: 03/27/2017 Email: Zack.Liesenfeld@pdce.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401243616	TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)