

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

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

COA Type	Description

Attachment Check List

Att Doc Num	Name
401243616	TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)