

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:

401260111

Date Received:

04/18/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

449979

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>	Mobile: <u>(970) 373-6581</u>
Zip: <u>80203</u>		Email: <u>Zack.Liesenfeld@pdce.com</u>
Contact Person: <u>Zack Liesenfeld</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401254495

Initial Report Date: 04/10/2017 Date of Discovery: 04/07/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 1 TWP 5N RNG 65W MERIDIAN 6Latitude: 40.434280 Longitude: -104.620250Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 323733☐ 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? No

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 <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____Weather Condition: Sunny and warmSurface 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):

A reportable release was discovered at the Gatewood 4-1 production facility while replacing production lines. Current recovery efforts are mitigating impacts. Appropriate repairs will be made.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/8/2017	COGCC	Rick Allison	-	Via Email
4/8/2017	Weld County	Roy Rudisill	-	Via Email
4/7/2017	Land Owner	NA	-	Via Phone Call

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 04/17/2017		
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? 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): 22 Width of Impact (feet): 20

Depth of Impact (feet BGS): 24 Depth of Impact (inches BGS): _____

How was extent determined?

On April 7, 2017, a release was discovered construction activities at the Gatewood 4-1 & 5 production facility. Excavation 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:

Otero sandy loam, 1 to 3 percent slopes.

Depth to Groundwater (feet BGS) 24 Number Water Wells within 1/2 mile radius: 10

If less than 1 mile, distance in feet to nearest	Water Well <u>240</u>	None <input type="checkbox"/>	Surface Water <u>3140</u>	None <input type="checkbox"/>
	Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
	Livestock _____	None <input checked="" type="checkbox"/>	Occupied Building <u>290</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 04/17/2017
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure) <div>An unknown amount of oil was released due to a small hole in the dumpline below the separator</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>The line will be replaced and routine pressure and integrity tests will continue.</div>	
Volume of Soil Excavated (cubic yards): 160	
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): 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:

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: 04/18/2017 Email: Zack.Liesenfeld@pdce.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

401260111	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401260183	TOPOGRAPHIC MAP
401261660	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)