

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:

401274572

Date Received:

05/04/2017

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

450224

SPILL/RELEASE REPORT (INITIAL)

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>RENEGADE OIL & GAS COMPANY LLC</u>	Operator No: <u>74165</u>	Phone Numbers Phone: <u>(303) 680-4725</u> Mobile: <u>(303) 829-2354</u> Email: <u>ed@renegadeoilandgas.com</u>
Address: <u>6155 S MAIN STREET #210</u>		
City: <u>AURORA</u>	State: <u>CO</u> Zip: <u>80016</u>	
Contact Person: <u>Edward Ingve</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401274572

Initial Report Date: 05/04/2017 Date of Discovery: 05/03/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 5 TWP 5s RNG 62w MERIDIAN 6

Latitude: 39.638250 Longitude: -104.354500

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

Reference Location:

Facility Type: FLOWLINE ☐ Facility/Location ID No _____
☒ 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): >=5 and <100

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: Sunny. Rain/snow previous days

Surface Owner: FEE Other(Specify): Brian Hanlon

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):

Apparent flowline leak was discovered from the CPC 126 Amoco B#6 in inactive pasture approximately midway between the well and tank battery by third party. Active leak was stopped by shutting in well's flowline at the well. Flowline valve at the tank battery was also closed. Crew is being dispatched to spill to dike and scrape impacted soil and stockpile on plastic. One call has been made so digging of the leak can be performed. At this point it appears no free liquid is recoverable. Impacted soil will have to be hauled to an approved facility.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/4/2017	Landowner	Brian Hanlon	303-947-2707	Will check it out tomorrow - out of town
5/4/2017	Arapahoe Co. LGD	Diane Kocis	720-874-6751	Emailed. Left voice message
5/4/2017	COGCC	Steven Arauza	303-894-2100	Confirmed submittal of Form 19 filing

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: Edward Ingve

Title: Manager/Owner Date: 05/04/2017 Email: ed@renegadeoilandgas.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

401274572	SPILL/RELEASE REPORT(INITIAL)
401274916	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)