

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:

401276029

Date Received:

05/05/2017

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

450249

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>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Operator No: <u>10633</u>	Phone Numbers
Address: <u>1801 CALIFORNIA STREET #2500</u>		Phone: <u>(720) 4108489</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jason Oates</u>		Email: <u>jason.oates@crestonepr.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401276029

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

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 26 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.114902 Longitude: -104.746590

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

Reference Location:

Facility Type: WELL ☒ Facility/Location ID No 331933
☐ 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? No

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

Estimated Oil Spill Volume(bbl): 0

Estimated Condensate Spill Volume(bbl): >0 and <1

Estimated Flow Back Fluid Spill Volume(bbl): >0 and <1

Estimated Produced Water Spill Volume(bbl): >0 and <1

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Pasture

Weather Condition: Sunny

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):

Flowline failure

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	Weld County	Troy Swain	970-3564016	none

OPERATOR COMMENTS:

Attn: Chris Canfield

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

Signed: _____ Print Name: Tarah Garza

Title: Environmental Specialist Date: 05/05/2017 Email: tarah.garza@crestonepr.com

COA Type

Description

	Provide documentation justifying closure request within 90 days of release via supplemental form 19. If investigation and remediation require further actions beyond 90 days then submit form 27 for approval within 90 days of spill (02August2017).
	provide documetation in 10 day spill supplemental report that surface owner was contacted regarding the spill. surface owner notification isrequired by rule and as such should be listed in other agencies and parties notified.

Attachment Check List

Att Doc Num

Name

401276029	SPILL/RELEASE REPORT(INITIAL)
401276089	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)