

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401289375

Date Received:

05/22/2017

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

449508

### 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>LINN OPERATING LLC</u>	Operator No: <u>10516</u>	<b>Phone Numbers</b>
Address: <u>600 TRAVIS STREET #1400</u>		Phone: <u>(970) 2855207</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		Mobile: <u>(970) 9482785</u>
Contact Person: <u>Tom Hogelin</u>		Email: <u>tgh@bry.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401224787

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

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 4 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.554882 Longitude: -108.119669

Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: WELL PAD  Facility/Location ID No 335597  
 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? No

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

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

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): Grazing

Weather Condition: Clear, cold, calm

Surface Owner: OTHER (SPECIFY) Other(Specify): Chevron USA

#### 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):

On March 3, 2017 at 9:45am, water contractor, Knowles, notified Linn's lease operator, Luke Hopper, via two-way radio there was a "geyser" on the L04 696 well pad. Luke arrived on location at 10:00am and discovered fluid on the pad from a ruptured water dump line on the outside of the tank containment. Luke re-routed the water dump to go to the oil side, checked for other leaking, and retested the oil line. Both lines recently passed pressure testing. Observation of the amount of produced water on the surface and by measuring the level in the #2 tank, Luke calculated that less than 2 bbls of produced water were released.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
3/3/2017	Chevron - land owner	Craig Tysse	970-2589722	acknowledged report
3/3/2017	COGCC	Carlos Lujan	970-9252497	acknowledged report
3/6/2017	Garfield County	Kirby Wynn	970-9872557	acknowledged report

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 03/06/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>2</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? YES 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): \_\_\_\_\_ Width of Impact (feet): \_\_\_\_\_

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Impacted area was excavated until clean soil was evident. Discrete samples were taken from the bottom and walls of the exvated area.

Soil/Geology Description:

Alluvial silt

Depth to Groundwater (feet BGS) 40 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well _____	None <input checked="" type="checkbox"/>	Surface Water <u>410</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 _____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

## 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:

Attachments: copy of lab analysis of pit and excavated spoils and plan for remediation

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

Signed: \_\_\_\_\_ Print Name: Tom Hogelin

Title: Construction Foreman Date: 05/22/2017 Email: tgh@bry.com

### COA Type

### Description

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

### Attachment Check List

#### Att Doc Num

#### Name

401289596	ANALYTICAL RESULTS
401289603	OTHER

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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

Total: 0 comment(s)