

# 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:

401296521

Date Received:

05/31/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

449977

## 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>BARRETT CORPORATION* BILL</u>	Operator No: <u>10071</u>	<b>Phone Numbers</b>
Address: <u>1099 18TH ST STE 2300</u>		Phone: <u>(303) 312-8718</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Rusty Frishmuth</u>		Mobile: <u>( )</u>
		Email: <u>rfrishmuth@billbarrettcorp.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401254025

Initial Report Date: 04/08/2017 Date of Discovery: 04/07/2017 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 20 TWP 5N RNG 63W MERIDIAN 6

Latitude: 40.383880 Longitude: -104.462030

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

#### Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 332705

☐ 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): Unknown

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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): Production facility

Weather Condition: Clear and calm, breezy

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 leak identified by drop in line pressure. Well shut in, excavation in vicinity of wellhead identified impacted soils and historic line leak.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
4/8/2017	Weld Co OEM	Gracie Marquez	-	via e-mail
4/10/2017	Landowner	On file	-	via telephone

**CORRECTIVE ACTIONS**

#1	Supplemental Report Date:	05/31/2017
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Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident & Root Cause (include specific equipment and point of failure)

Flowline leak identified by drop in pressure between wellhead and separator. Internal corrosion identified at pipe bend in the line.

Describe measures taken to prevent the problem(s) from reoccurring:

Continue ongoing flowline pressure testing and monitoring in accordance with COGCC rules.

Volume of Soil Excavated (cubic yards): 60

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment  
☐ 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:**

Note that some additional excavation and a second round of sampling was needed in one area of the excavation.

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

Signed: \_\_\_\_\_ Print Name: Rusty Frishmuth

Title: EHS Manager Date: 05/31/2017 Email: rfrishmuth@billbarrettcorp.com

**COA Type**

**Description**

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**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401296531	ANALYTICAL RESULTS
401296532	SITE MAP
401296533	ANALYTICAL RESULTS
401296534	DISPOSAL MANIFEST

Total Attach: 4 Files

**General Comments**

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

Total: 0 comment(s)