

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401317243

Date Received:

06/24/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

451116

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>SYNERGY RESOURCES CORPORATION</u>	Operator No: <u>10311</u>	Phone Numbers
Address: <u>1675 BROADWAY SUITE 2600</u>		Phone: <u>(970) 4755242</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(303) 2291228</u>
Zip: <u>80202</u>		Email: <u>brogers@srcenergy.com</u>
Contact Person: <u>Brad Rogers</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401310873

Initial Report Date: 06/16/2017 Date of Discovery: 06/14/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 23 TWP 6N RNG 66W MERIDIAN 6

Latitude: 40.475524 Longitude: -104.736213

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

Reference Location:

Facility Type: PARTIALLY-BURIED VESSEL ☒ Facility/Location ID No 323547

☐ 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: CROP LAND Other(Specify): _____

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):

During removal of existing concrete water vault at location, a historical release was discovered. Currently excavating impacted soils and determining extent. Soil samples and groundwater samples will be collected and analyzed for impacts.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/14/2017	COGCC	Rick Allison	970-6230850	Email / Left Voicemail
6/14/2017	Weld County	Troy Swain	-	
6/14/2017	Weld County	Roy Rudisill	-	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 06/23/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" type="checkbox"/>
PRODUCED WATER			<input checked="" 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): _____ Width of Impact (feet): _____

Depth of Impact (feet BGS): 11 Depth of Impact (inches BGS): 0

How was extent determined?

The area where the water vault was removed from was excavated to an area of 54 feet by 40 feet and approximately 12 feet deep. Excavation was stopped and a geoprobe will be brought in to further understand and to define the lateral extent of the impact to soils.

Soil/Geology Description:

Well pad construction. Clay sandy soils

Depth to Groundwater (feet BGS) 11 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest	Water Well <u>3147</u>	None <input type="checkbox"/>	Surface Water <u>1140</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>660</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A Form 27 will be completed to for further site remediation activities

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/23/2017

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)

During removal of concrete water vault from location as part of the plugged and abandoned procedures for the location it was discovered that the vault had been historically leaking. Leak occurred to failure of concrete vault.

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

Concrete water vault was removed from location. Well has been P&A'd.

Volume of Soil Excavated (cubic yards): 1074

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 30

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:

A Form 27 will be submitted for approval to further remediate the location

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

Signed: _____ Print Name: Brad Rogers

Title: Supervisor of Environment Date: 06/24/2017 Email: brogers@srcenergy.com

COA Type

Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401318064	ANALYTICAL RESULTS
401318065	ANALYTICAL RESULTS
401318066	SITE MAP
401318067	ANALYTICAL RESULTS
401318069	SITE MAP
401318070	ANALYTICAL RESULTS
401318071	SITE MAP

Total Attach: 7 Files

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

Total: 0 comment(s)