

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:

401312425

Date Received:

06/22/2017

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

451224

SPILL/RELEASE REPORT (INITIAL /w 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: GREAT WESTERN OPERATING COMPANY LLC	Operator No: 10110	Phone Numbers
Address: 1801 BROADWAY #500		Phone: (303) 398-0537
City: DENVER	State: CO Zip: 80202	Mobile: ()
Contact Person: Scot Donato		Email: sdonato@gwogco.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401312425

Initial Report Date: 06/19/2017 Date of Discovery: 04/25/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 14 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.141381 Longitude: -104.966060

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 336384
 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): Unknown Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): Unknown Estimated Produced Water Spill Volume(bbl): Unknown

Estimated Other E&P Waste Spill Volume(bbl): Unknown Estimated Drilling Fluid Spill Volume(bbl): Unknown

Specify:

Land Use:

Current Land Use: CROP LAND Other(Specify):

Weather Condition: Sunny, 60 degrees F

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):

Soil and groundwater impacts were discovered during initial subsurface investigation activities at the tank battery associated with due diligence.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/26/2017	COGCC	Chris Canfield	303-894-2100	Ext: 5183 Verbal- Left voicemail 6/20/17 12:18
6/20/2017	Landowner	Mortgage Consultants, LLC	303-409-7721	Verbal by Great Western 6/22/17 11:00
6/20/2017	Weld County	Tom Parko	-	Email: tparko@co.weld.co.us
6/20/2017	Weld County	Roy Rudisill (OEM)	-	Email: rrudisill@weldgov.com
6/20/2017	Weld County	Troy Swain	-	Email: tswain@weldgov.com
6/20/2017	Weld County	Gracie Marquez (OEM)	-	Email:gmarquez@weldgov.com
6/20/2017	Weld County	Jay McDonald (PW)	-	Email: jmcdonald@weldgov.com

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 06/20/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	_____	_____	<input checked="" type="checkbox"/>
FLOW BACK FLUID	_____	_____	<input checked="" type="checkbox"/>
OTHER E&P WASTE	_____	_____	<input checked="" 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): 120 Width of Impact (feet): 125

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

The extent of impact has yet to be determined.

Soil/Geology Description:

Vona sandy loam, 1 to 3 percent slopes. Sand and sandy clay.

Depth to Groundwater (feet BGS) 7 Number Water Wells within 1/2 mile radius: 10

If less than 1 mile, distance in feet to nearest

Water Well	<u>985</u>	None <input type="checkbox"/>	Surface Water	<u>1000</u>	None <input type="checkbox"/>
Wetlands	<u>4500</u>	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>1000</u>	None <input type="checkbox"/>	Occupied Building	<u>1000</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>06/20/2017</u>
Cause of Spill (Check all that apply)	
<input type="checkbox"/> Human Error	<input type="checkbox"/> Equipment Failure
<input checked="" type="checkbox"/> Historical-Unknown	<input type="checkbox"/> Other (specify) _____
Describe Incident & Root Cause (include specific equipment and point of failure)	
Unknown	
Describe measures taken to prevent the problem(s) from reoccurring:	
Volume of Soil Excavated (cubic yards): <u>0</u>	
Disposition of Excavated Soil (attach documentation)	
<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment
<input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): <u>0</u>	
Volume of Impacted Surface Water Removed (bbls): <u>0</u>	

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, submitted by the operator via email on July 22, 2016, is attached for your record. The operator did not receive a response from the COGCC with regard to the approval or disapproval of the Form 27. The operator plans to submit a new electronic Form 27, subsequent to this Form 19, proposing a limited subsurface investigation be completed at the site, in order to develop a detailed remediation plan. The subsurface investigation is scheduled to be conducted on July 5-6, 2017.

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

Signed: _____ Print Name: Jason Davidson

Title: Project Geologist Date: 06/22/2017 Email: jdavidson@olssonassociates.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401312425	SPILL/RELEASE REPORT(I/S)

401312585	OTHER
401319293	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)