

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:

401345048

Date Received:

07/20/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

451445

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
Contact Person: Scot Donato		Mobile: ()
		Email: sdonato@gwogco.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401345048

Initial Report Date: 07/18/2017 Date of Discovery: 07/18/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 15 TWP 6N RNG 67W MERIDIAN 6

Latitude: 40.488236 Longitude: -104.873962

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL Facility/Location ID No
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-123-44220

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): >=1 and <5 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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

Specify: 2.5 bbls of OBM released onto ground

Land Use:

Current Land Use: OTHER Other(Specify): Pasture

Weather Condition: Clear and 80 degrees F

Surface Owner: FEE Other(Specify): Larry Simpson

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 mud transfer down the mud tank perimeter channel, the gate was not removed causing the channel to fill and overflow. Mud ran down the outside of the mud tank and approximately 2.5 bbls of OBM were released onto the ground. EcoSponge was used to soak up the 2.5 bbls of OBM. The EcoSponge was scraped up and mixed off in a three-sided bin for offsite disposal.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/18/2017	Landowner	Larry Simpson	970-689-0259	Verbal by Great Western 7/18/17 at 10:15
7/18/2017	COGCC	Rick Allison	970-623-0850	Verbal- Left voicemail 7/18/17 at 11:35
7/18/2017	Weld County	Tom Parko	--	Email- tparko@co.weld.co.us
7/18/2017	Weld County	Roy Rudisill	--	Email- rrudisill@weldgov.com
7/18/2017	Weld County	Troy Swain	--	Email- tswain@weldgov.com
7/18/2017	Weld County	Gracie Marquez	--	Email- gmarquez@weldgov.com
7/18/2017	Weld County	Jay McDonald	--	Email- jmcdonald@weldgov.com

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 07/18/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>2</u>	<u>2</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</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? 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): 36 Width of Impact (feet): 15

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

How was extent determined?

The extent of impact has yet to be determined.

Soil/Geology Description:

Kim loam, 1 to 3 percent slopes

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 8

If less than 1 mile, distance in feet to nearest

Water Well	891	None	<input type="checkbox"/>	Surface Water	625	None	<input type="checkbox"/>
Wetlands		None	<input checked="" type="checkbox"/>	Springs		None	<input checked="" type="checkbox"/>
Livestock		None	<input checked="" type="checkbox"/>	Occupied Building	540	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

The area surrounding the mud tank has not yet been assessed.

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:

Additional assessment and confirmation sampling of the soil in the vicinity of the mud tank cannot occur until the drilling equipment has departed the site. It is anticipated that confirmation soil sampling activities will ensue, as is necessary to meet COGCC standards, before the end of August 2017. The additional soil sampling activities will be documented on a follow-up Form 19 Supplemental.

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: Senior Geologist Date: 07/20/2017 Email: jdavidson@olssonassociates.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401345048	SPILL/RELEASE REPORT(I/S)
401345466	TOPOGRAPHIC MAP
401345505	AERIAL PHOTOGRAPH
401348915	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)