

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:

401377706

Date Received:

08/15/2017

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

451741

SPILL/RELEASE REPORT (INITIAL)

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>HIGHLANDS NATURAL RESOURCES CORPORATION</u>	Operator No: <u>10625</u>	Phone Numbers
Address: <u>2401 EAST 2ND AVENUE SUITE 150</u>		Phone: <u>()</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80206</u>
Contact Person: <u>Stephen Miller</u>		Mobile: <u>(361) 2309375</u>
		Email: <u>stephen.miller@highlandsnr.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401377706

Initial Report Date: 08/15/2017 Date of Discovery: 08/15/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 15 TWP 5S RNG 64W MERIDIAN 6

Latitude: 39.614970 Longitude: -104.530989

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-005-07269

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? Yes

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

Estimated Oil Spill Volume(bbl): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>>=5 and <100</u>

Specify: approximately 5 bbls of water based drilling fluid

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____
Weather Condition: Clear
Surface Owner: STATE 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):

One of two fischer pumps clogged with drilling cuttings, reducing pump efficiency. Surface pumps were activated at 100 spm, the secondary fischer pump could not keep up with the fluid pump, causing the cellar to overflow. Approximately 5 barrels of water based drilling fluid from the returns leaked outside of the containment. Highlands' Land Man was notified and will contact the State Land Board. Used absorbent material around spill area to absorb the mud. We contained the mud to avoid further propagation. After absorbing we removed the top soil and then disposed of the mud properly.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/15/2017	COGCC	Susan Sherman	719-7751111	Requested that we submit form 19I

OPERATOR COMMENTS:

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

Signed: _____ Print Name: Stephen Miller

Title: VP OF OPERATIONS Date: 08/15/2017 Email: stephen.miller@highlandsnr.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401377706	SPILL/RELEASE REPORT(INITIAL)
401377729	OTHER
401378562	FORM 19 SUBMITTED

Total Attach: 3 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)