

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:

401374930

Date Received:

08/14/2017

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

451224

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: 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# 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

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
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

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: 10344

OPERATOR COMMENTS:

--

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: 08/14/2017 Email: jdavidson@olssonassociates.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

401374930	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401379833	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)