

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:

401380055

Date Received:

08/17/2017

**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.

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

451754

**OPERATOR INFORMATION**

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

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 401380055

Initial Report Date: 08/17/2017 Date of Discovery: 08/17/2017 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR NWNE SEC 1 TWP 6N RNG 59W MERIDIAN 6

Latitude: 40.523419 Longitude: -103.925724

Municipality (if within municipal boundaries): \_\_\_\_\_ County: MORGAN

**Reference Location:**

Facility Type: WELL PAD  Facility/Location ID No 440990  
 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? Yes

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

Estimated Oil Spill Volume(bbl): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Specify: \_\_\_\_\_

**Land Use:**

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Partly Cloudy

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):

A gasket on the fire tube of the heater treater failed resulting in an estimated 10 bbls of oil and 10 bbls of water to be released to surface of well pad. The well was shut in to prevent further release of produced fluids. Clean-up operations included using vacuum truck to suck of free liquids. An estimated volume of 15 bbls was recovered. In addition, impacted soils will be removed from location and disposed of. The heater treater will be removed from service and replaced with a newer separator.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/17/2017	COGCC	Rob Young	303-5231282	Email and Voicemail
8/17/2017	COGCC	Rick Allison	970-4612970	Email
8/17/2017	Morgan County	Pam Cherry	970-5423526	Email
8/17/2017	Land Owner	Gene Wirth	970-7681548	Phone Call

**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: Brad Rogers  
 Title: Environmental Supervisor Date: 08/17/2017 Email: brogers@srcenergy.com

**COA Type**

**Description**

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**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401380055	SPILL/RELEASE REPORT(INITIAL)
401380071	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)