

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:

401377192

Date Received:

08/18/2017

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

451663

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: NIGHTHAWK PRODUCTION LLC	Operator No: 10399	Phone Numbers
Address: 1805 SHEA CENTER DR #290		Phone: (303) 407-9609
City: HIGHLANDS RANCH State: CO Zip: 80129		Mobile: (720) 364-6456
Contact Person: Joyce Henkin		Email: joycehenkin@nighthawkenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401369272

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

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 15 TWP 6S RNG 54W MERIDIAN 6

Latitude: 39.522910 Longitude: -103.419150

Municipality (if within municipal boundaries): County: LINCOLN

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) 05-073-06561

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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

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

Specify:

Land Use:

Current Land Use: OTHER Other(Specify): Dry land

Weather Condition: Overcast

Surface Owner: FEE Other(Specify): Rohrbaugh Interests LLP

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):

Appears that pressure gauge at the LPR (Linear Pressure Reducer) failed. Discharge side of the LPR. Spilled fluid was production water with polymer. This well is an injection well. It does not have containment. The wellhead etc is within a building on location but appears that the water did leak out onto location. The spill occurred yesterday morning. No Waters of the State were impacted. Location was wet but no real puddling of the water.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/8/2017	COGCC	Jason Kosola	719-574-8602	Left message - Sent email
8/8/2017	COGCC	Susan Sherman	719-775-1111	Verbal
8/8/2017	Lincoln County	Trey James	-	Emailed

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 08/16/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>3</u>	<u>0</u>	<input checked="" 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): 100 Width of Impact (feet): 20

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

How was extent determined?

Visual inspection of wet soil on site. (Was also told after the fact, that it did rain prior to determining spill & after) Attempted to distinguish rain soaked soil from spill soaked soil via iron staining.

Soil/Geology Description:

NRCS Map Unit name - 209 Wages Loam & 144 Kimst Loam

Depth to Groundwater (feet BGS) 110 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>4905</u>	None <input type="checkbox"/>	Surface Water	_____	None <input checked="" type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 08/16/2017
Cause of Spill (Check all that apply)	
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Historical-Unknown
Describe Incident & Root Cause (include specific equipment and point of failure)	
Pressure gauge on linear pressure reducer (LPR) skid, on the discharge side was unscrewed, possibly due to vibration. Allowing a 1/4" stream of injection water to spray out within the building over wellhead & equipment.	
Describe measures taken to prevent the problem(s) from reoccurring:	
Removed pressure gauges and check all connections for tightness.	
Volume of Soil Excavated (cubic yards): 10	
Disposition of Excavated Soil (attach documentation)	
<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment
<input checked="" type="checkbox"/> Other (specify)	plastic liner awaiting offsite disposal after sampling is completed.
Volume of Impacted Ground Water Removed (bbls): 0	
Volume of Impacted Surface Water Removed (bbls): 0	

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:

Injection water spill at Snowbird 16-15 location. Would like to note that Ed Rohrbaugh (land owner) was notified on 8-8-17. When initial spill was submitted he had not yet been, Also did not indicate on initial report that it had rained prior to spill and after.

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

Signed: _____ Print Name: Joyce Henkin

Title: Production Tech Date: 08/18/2017 Email: joycehenkin@nighthawkenegy.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
401377192	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401380644	OTHER
401383042	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Operator is in the process of obtaining soil samples from affected area.	08/22/2017

Total: 1 comment(s)