

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:

401388278

Date Received:

08/26/2017

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

451754

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: <u>SRC ENERGY INC</u>	Operator No: <u>10311</u>	Phone Numbers
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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 08/26/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>10</u>	<u>7</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>10</u>	<u>7</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): 50 Width of Impact (feet): 45

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

How was extent determined?

Dimensions of spill area was determined by measuring off impacted area on well pad

Soil/Geology Description:

Ascalon Sandy Loam

Depth to Groundwater (feet BGS) 15 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest

Water Well	<u>2240</u>	None <input type="checkbox"/>	Surface Water	<u>1545</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>3940</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	08/26/2017		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)				
The gasket on the clean-out plate of the heater treater failed. This caused the release of the fluids. The material of the gasket had deteriorated over time due to contact with production fluids.				
Describe measures taken to prevent the problem(s) from reoccurring:				
As this is the second release to occur from the heater treater, SRC is going to remove the heater treater from service and will install a horizontal separator that will handle production from the well.				
Volume of Soil Excavated (cubic yards):		65		
Disposition of Excavated Soil (attach documentation)		<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
		<input type="checkbox"/> Other (specify) _____		
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:

Clean-up of location was completed by excavating area of and around impacted soils to an area of about 90' x 75'. Confirmation soil samples were collected on 8/23/2017 and sent to lab. Field PID readings were collected as well. The highest reading observed was 10.4. Lab results will be submitted received as well as request for closure.

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: 08/26/2017 Email: brogers@srcenergy.com

COA Type

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401388278	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401388279	SITE MAP
401389617	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)