

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401400903

Date Received:

09/13/2017

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

449146

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>MULL DRILLING COMPANY INC</u>	Operator No: <u>61250</u>	Phone Numbers
Address: <u>1700 N WATERFRONT PKWY B#1200</u>		Phone: <u>(719) 342-1812</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-6637</u>		Mobile: <u>(719) 342-1812</u>
Contact Person: <u>CARL SMALLEY</u>		Email: <u>csmalley@mulldrilling.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401204571

Initial Report Date: 02/08/2017 Date of Discovery: 02/07/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 6 TWP 14S RNG 42W MERIDIAN 6Latitude: 38.866930 Longitude: -102.152380Municipality (if within municipal boundaries): _____ County: CHEYENNE

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) 05-017-06913

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 <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____Weather Condition: CALM 50FSurface Owner: FEE Other(Specify): KYLE GERWECK

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):

SPILL WAS DISCOVERED BY LEASE OPERATOR 2/7/17 AT 11 AM. WELL HEAD PACKING FAILED AND LEAKED. LEAK WAS STOPPED BY ACCUATING SUPLIMENTAL PACKING (RADIGAN- EMERGENCY PACKING BACK-UP). THE SPILL WAS CONTAINED BY HAND SHOVELING SMALL DIKE TO KEEP CRUDE OIL FROM INTERING CROP GROUND (WINTER WHEAT). HOT OIL TRUCK WAS DISPATCHED TO RECOVER FREE FLUIDS. FIVE BARREL CRUDE OIL SPILLED.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/7/2017	COGCC	JASON KOSOLA	719-641-0291	REPORTED - LEFT MESSAGE
2/7/2017	SURFACE OWNER	KYLE GERWECK	719-767-8965	REVIEWED CLEAN-UP PROCESS
2/8/2017	LGD	ROD PELTON	719-342-1864	LEFT MESSAGE WITH
2/8/2017	COGCC	JASON KOSOLA	719-641-0291	E-MAILED REPORT OF SPILL

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 09/12/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	5	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: Five barrel crude oil			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 100		Width of Impact (feet): 100	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS):	
How was extent determined?			
Visually - Length and Width. Depth of impact was determined by sampling soils.			
Soil/Geology Description:			
Keith Richfield silt loam- 0 to 2 percent slopes			
Depth to Groundwater (feet BGS) 256		Number Water Wells within 1/2 mile radius: 1	
If less than 1 mile, distance in feet to nearest		Water Well 1 None <input type="checkbox"/>	Surface Water None <input checked="" type="checkbox"/>
		Wetlands None <input checked="" type="checkbox"/>	Springs None <input checked="" type="checkbox"/>
		Livestock 1320 None <input type="checkbox"/>	Occupied Building 1320 None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

Soils were treated with bioremediation agent. Soil samples were analyzed 2/22/17. Results of this sampling was above table 910-1 TPH -GRO and DRO at #2 and #3 sites. Soil samples were analyzed 8/29/17. Results of this sampling were below table 910-1 at #2 and #3 sites. With this form 19 Mull Drilling Company Inc is requesting closure, because corrective actions are completed (documents attached).

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 09/12/2017
Cause of Spill (Check all that apply) <input checked="" 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) Delay of maintenance. Stuffing box rubbers - extension of service life.	
Describe measures taken to prevent the problem(s) from reoccurring: Evaluate frequency of replacing well head packing	
Volume of Soil Excavated (cubic yards): 0	
Disposition of Excavated Soil (attach documentation) <input 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:

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

Signed: _____ Print Name: CARL SMALLEY

Title: MDC Enviro. Manager Date: 09/13/2017 Email: csmalley@mulldrilling.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401400949	ANALYTICAL RESULTS
401400952	ANALYTICAL RESULTS
401400977	ANALYTICAL RESULTS

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)