

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:

401419004

Date Received:

10/03/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

452463

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.

OPERATOR INFORMATION

| | | |
|--|--------------------------|-----------------------------------|
| Name of Operator: <u>BLUE CHIP OIL INC</u> | Operator No: <u>8840</u> | Phone Numbers |
| Address: <u>155 E BOARDWALK DR STE 400</u> | | Phone: <u>(970) 493-6456</u> |
| City: <u>FORT COLLINS</u> | State: <u>CO</u> | Zip: <u>80525</u> |
| Contact Person: <u>Tim Hager</u> | | Mobile: <u>()</u> |
| | | Email: <u>bluechipoil@msn.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401419004

Initial Report Date: 10/03/2017 Date of Discovery: 09/15/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 25 TWP 6N RNG 67W MERIDIAN 6

Latitude: 40.456206 Longitude: -104.832062

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: PARTIALLY-BURIED VESSEL ☐ Facility/Location ID No _____

☒ 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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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: Various- Historical Release

Surface Owner: FEE Other(Specify): Tom Livingston

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):

Suspected soil contamination upon removal of produced water storage tank. Site has been shut in since 6/7/2017. On 9/14/2017, CGRS screened soil using a PID. The most impacted soil was found at 1' bgs beneath the excavation bottom, directly between the edge of the produced water tank and the oil tanks. The concentration of organic vapors decreased slightly at 2' bgs, and drastically at 3' and 4' bgs. Trace hydrocarbon concentrations were still found at 4" bgs. One soil sample was retained for laboratory analysis. Impacted soil will be removed and properly disposed of.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|---|
| 9/8/2017 | CGRS, Inc. | Craig Mulica | 970-493-7780 | Scheduled soil sampling on 9/14/2017. |
| 9/27/2017 | COGCC | Jason Gomez | 970-573-1277 | CGRS emailed |
| 9/29/2017 | COGCC | Rick Allison | 970-461-2970 | took phone call from CGRS, CGRS emailed |

OPERATOR COMMENTS:

Analytical results include 2 additional Blue Chip Oil sites.

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

Signed: _____ Print Name: Drezden Kinnaird
Title: Environmental Scientist Date: 10/03/2017 Email: dkinnaird@cgrs.com

COA Type

Description

| | |
|--|--|
| | Operator shall collect soil confirmation soil samples from the base and sidewalls of the excavation to document compliance of remaining soil with the Table 910-1 Concentration Levels. Analyze the confirmation soil samples for BTEX, TPH-GRO and TPH-DRO. |
| | Operator is required to provide documentation that Notification to the local government and Notification to the Surface Owner were made in accordance with Rule 906.b.(2) and (3). |
| | The Operator shall submit a Form 27 Site Investigation and Remediation Workplan for the removal a buried/partially buried produced water vessel in accordance with Rule 905.b. |

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------------------|
| 401419004 | SPILL/RELEASE REPORT(INITIAL) |
| 401419026 | ANALYTICAL RESULTS |
| 401419940 | FORM 19 SUBMITTED |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)