

**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:

401438200

Date Received:

10/23/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

452577

## 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>FIFTH CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>10629</u>	<b>Phone Numbers</b>
Address: <u>5251 DTC PKWY STE 420</u>		Phone: <u>(303) 910-4511</u>
City: <u>GREENWOOD VILLAGE</u>	State: <u>CO</u>	Zip: <u>80111</u>
Contact Person: <u>Sydney Smith</u>		Email: <u>ssmith@fifthcreekenergy.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401429762

Initial Report Date: 10/14/2017      Date of Discovery: 10/13/2017      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release:    QTRQTR SESE    SEC 14    TWP 11N    RNG 64W    MERIDIAN 6

Latitude: 40.914786      Longitude: -104.505064

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

#### 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) 05-123-32032

#### **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): >=1 and <5

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 1 bbl of crude oil

#### **Land Use:**

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

Weather Condition: Clear sky and dry

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):

The spill was determined to be caused by the stuffing rubbers on the polishing rod failing. Once the spill was discovered a vac truck was dispatched to location to begin clean up.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/14/2017	Weld County	Troy Swain	-	
10/14/2017	Surface Owner		-	

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/23/2017		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	1	1	<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: \_\_\_\_\_

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): 10 Width of Impact (feet): 4

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Extent was determined by visual inspection.

Soil/Geology Description:

The subject area is used as a well site and tank battery. The surface soil is road base and fill.

Depth to Groundwater (feet BGS) 25 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>3290</u>	None <input type="checkbox"/>	Surface Water	<u>989</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>1564</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The contaminated soil was placed on a liner and the wellhead has been power washed. Soil samples are being collected and will be submitted once received. The cause of the release was confirmed to be due to worn rubbers on the stuffing box failing. The rubbers on the stuffing box will be checked daily moving forward.

## 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: Sydney Smith

Title: Regulatory Analyst Date: 10/23/2017 Email: ssmith@fifthcreekenergy.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

401438200	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401438304	AERIAL PHOTOGRAPH
401441799	FORM 19 SUBMITTED

Total Attach: 3 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)