

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:

401441907

Date Received:

10/28/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

452463

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>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 326709

☒ 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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/28/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	0	<input type="checkbox"/>
CONDENSATE	_____	0	<input type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	_____	0	<input type="checkbox"/>
FLOW BACK FLUID	_____	0	<input type="checkbox"/>
OTHER E&P WASTE	_____	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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): <u>20</u>		Width of Impact (feet): <u>20</u>	
Depth of Impact (feet BGS): <u>10</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
A PID was used to identify impacted soil and direct excavation activities. Five confirmation soil samples to were collected on 10/12/2017, from below the previous location of the produced water tank, and the north, south, east, and west walls of the excavation. Soil samples were submitted to Origins Laboratory from analysis of BTEX, TEPH, and TVPH. Laboratory results indicate petroleum constituents were below laboratory MDLs in all five sample locations.			
Soil/Geology Description:			
The soil profile at Sloan 3 consists of alluvial sand to approx. 12' bgs.			
Depth to Groundwater (feet BGS) <u>15</u>		Number Water Wells within 1/2 mile radius: <u>17</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>537</u> None <input type="checkbox"/>	Surface Water <u>2485</u> None <input type="checkbox"/>	
	Wetlands <u>2945</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock <u>1266</u> None <input type="checkbox"/>	Occupied Building <u>363</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 10/28/2017
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) <div>Upon moving the produced water storage tank surficial staining was observed below tank to a depth of approximately 4' feet bgs, indicating the storage tank had been compromised. No other sources are suspected.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>The Sloan 3 facility has been shut-in. All existing process and storage equipment has been removed from the location.</div>	
Volume of Soil Excavated (cubic yards): 35	
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): _____	
Volume of Impacted Surface Water Removed (bbls): _____	

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: 10569

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: Drezen Kinnaird
Title: Environmental Scientist Date: 10/28/2017 Email: dkinnaired@cgrs.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num	Name
401441907	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401443571	TOPOGRAPHIC MAP
401443572	ANALYTICAL RESULTS
401443577	DISPOSAL MANIFEST
401449128	FORM 19 SUBMITTED

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)