

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401464095

Date Received:

11/20/2017

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

451741

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>HIGHLANDS NATURAL RESOURCES CORPORATION</u>	Operator No: <u>10625</u>	Phone Numbers
Address: <u>2401 EAST 2ND AVENUE SUITE 150</u>		Phone: <u>(361) 2309375</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80206</u>
Contact Person: <u>Stephen Miller</u>		Mobile: <u>()</u>
		Email: <u>stephen.miller@highlandsnr.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401377706

Initial Report Date: 08/15/2017 Date of Discovery: 08/15/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 15 TWP 5S RNG 64W MERIDIAN 6

Latitude: 39.614970 Longitude: -104.530989

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

Reference Location:

Facility Type: WELL PAD☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-005-07269

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): 0

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

Estimated Drilling Fluid Spill Volume(bbl): >=5 and <100

Specify: approximately 5 bbls of water based drilling fluid

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: ClearSurface Owner: STATE

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):

One of two fischer pumps clogged with drilling cuttings, reducing pump efficiency. Surface pumps were activated at 100 spm, the secondary fischer pump could not keep up with the fluid pump, causing the cellar to overflow. Approximately 5 barrels of water based drilling fluid from the returns leaked outside of the containment. Highlands' Land Man was notified and will contact the State Land Board. Used absorbent material around spill area to absorb the mud. We contained the mud to avoid further propagation. After absorbing we removed the top soil and then disposed of the mud properly.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/15/2017	COGCC	Susan Sherman	719-7751111	Requested that we submit form 19I

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 11/20/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	5	5	<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? <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>6</u>		Width of Impact (feet): <u>11</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Measurements were taken of the affected area. This was confirmed by the volumetric amount removed during cleanup.			
Soil/Geology Description:			
Truckton Loamy sand, 5 to 20 percent slopes			
Depth to Groundwater (feet BGS) <u>20</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>3230</u> None <input type="checkbox"/>	Surface Water <u>1260</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock <u>3300</u> None <input type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/20/2017

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

One of two pumps clogged, causing an overflow of the drilling fluid. Approximately 5 bbls of overflow leaked out of the containment where a piece of equipment was sitting on the containment berm. The leak was contained with absorbant material and confined to the immediate area.

Describe measures taken to prevent the problem(s) from reoccurring:

The containment was reinforced at any potential leak points and equipment was maneuvered to prevent it from interfering with the containment berms.

Volume of Soil Excavated (cubic yards): 30

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ 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: Stephen Miller

Title: VP Operations Date: 11/20/2017 Email: stephen.miller@highlandsnr.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401464775	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)