

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401415844

Date Received:

01/11/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

448872

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>GREAT WESTERN OPERATING COMPANY LLC</u>	Operator No: <u>10110</u>	Phone Numbers
Address: <u>1801 BROADWAY #500</u>		Phone: <u>(303) 398-0302</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(303) 549-7739</u>
Zip: <u>80202</u>		Email: <u>sdonato@gwogco.com</u>
Contact Person: <u>Scot Donato</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401176254

Initial Report Date: 01/03/2017 Date of Discovery: 12/31/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 26 TWP 6N RNG 67W MERIDIAN 6Latitude: 40.459390 Longitude: -104.863360Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 333035☐ 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): >=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: OTHER Other(Specify): productionWeather Condition: sunny, coolSurface 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):

GUN LINE HOSE BETWEEN SHAKER PIT & SUB BURST WHILE CREWS WERE TRIPPING PIPE. RELEASING 20+ BBLs, ESTIMATED 5+ BBLs OBM OUTSIDE OF CONTAINMENT

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/1/2017	COGCC		-	notified by email
1/1/2017	Weld County		-	notified by email
1/1/2017	Town of Windsor		-	notified by email
1/1/2017	surface owner	OmniTRAX	-	notified by email

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 09/28/2017
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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)

GUN LINE HOSE BETWEEN SHAKER PIT & SUB BURST WHILE CREWS WERE TRIPPING PIPE. RELEASING 20+ BBLs, ESTIMATED 5+ BBLs OBM OUTSIDE OF CONTAINMENT

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

REPLACE WITH NEW HOSE, WILL INSPECT REMAINING HOSES FOR DEFECT OR WEAR & REPLACE AS NEEDED.

Volume of Soil Excavated (cubic yards): 20

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:

Based on the final soil analytical results obtained at the site, any impacted soils resulting from a release of approximately 20 bbls of oil have been removed from the spill area and remaining soils do not contain any of the analyzed compounds at concentrations greater than their Table 910-1 concentrations. GWOC requests closure for this project from the COGCC.

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

Signed: _____ Print Name: Rachel A. Peterson, P.G.

Title: Senior Project Manager Date: 01/11/2018 Email: petersonr@agwco.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401415858	ANALYTICAL RESULTS
401510962	SITE MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)