

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:

401512705

Date Received:

01/12/2018

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.

Spill report taken by:

Spill/Release Point ID:

OPERATOR INFORMATION

| | | |
|--|---------------------------|--|
| Name of Operator: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u> | Operator No: <u>10633</u> | Phone Numbers |
| Address: <u>1801 CALIFORNIA STREET #2500</u> | | Phone: <u>(303) 7743969</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | | Mobile: <u>()</u> |
| Contact Person: <u>Tarah Garza</u> | | Email: <u>tarah.garza@crestonepr.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401512705

Initial Report Date: 01/12/2018 Date of Discovery: 01/11/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 22 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.117591 Longitude: -104.991205

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 434175
 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? No

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): 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): 0

Specify: Treated Water

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: Cold and Clear

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):

On January 11, 2018 at approximately 8:00 AM a release occurred while workover crews were topping off onsite water tanks. Secondary containment captured 20 gallons of the water mix prior to reaching capacity and overflowing 10 gallons to the grounds surface. Once observed, onsite company man stopped transfer of water, and ordered available vac truck to recover what was on the ground and in containment. Impacted soil will be characterized and remediated as needed to comply with COGCC 900 Series Rules.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 1/11/2018 | COGCC | Chris Canfield | - | Email |
| 1/11/2018 | Weld County | Troy Swain | - | Email |
| 1/11/2018 | Landowner | | - | Via Landman |

OPERATOR COMMENTS:

Attn: Chris Canfield

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

Signed: _____ Print Name: Tarah Garza

Title: Environmental Specialist Date: 01/12/2018 Email: tarah.garza@crestonepr.com

COA Type

Description

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment Check List

Att Doc Num

Name

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
| 401512884 | SITE MAP |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)