

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401523925

Date Received:

01/29/2018

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.

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

453768

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>(303) 7743969</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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

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

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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/23/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: Treated Water

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): 6 Width of Impact (feet): 4

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 6

How was extent determined?

Field screening, confirmed with laboratory analysis.

Soil/Geology Description:

Sandy loam.

Depth to Groundwater (feet BGS) 16 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest

Water Well <u>1227</u>	None <input type="checkbox"/>	Surface Water <u> </u>	None <input checked="" type="checkbox"/>
Wetlands <u> </u>	None <input checked="" type="checkbox"/>	Springs <u> </u>	None <input checked="" type="checkbox"/>
Livestock <u> </u>	None <input checked="" type="checkbox"/>	Occupied Building <u>720</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

n/a

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/23/2018

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)

Valve failure.

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

Valve replaced.

Volume of Soil Excavated (cubic yards): 1

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:

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: 01/29/2018 Email: tarah.garza@crestonepr.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401528631	ANALYTICAL RESULTS
401528638	DISPOSAL MANIFEST
401528647	TOPOGRAPHIC MAP

Total Attach: 3 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)