

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:

401534831

Date Received:

02/03/2018

Spill report taken by:

Spill/Release Point ID:

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.

OPERATOR INFORMATION

Name of Operator: <u>BURLINGTON RESOURCES OIL &amp; GAS LP</u>	Operator No: <u>26580</u>	<b>Phone Numbers</b>
Address: <u>600 N DAIRY ASHFORD RD</u>		Phone: <u>(832) 486-3345</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>		Mobile: <u>(701) 300-2381</u>
Contact Person: <u>Jennifer dIXON</u>		Email: <u>jennifer.a.dixon@cop.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401534831

Initial Report Date: 02/03/2018 Date of Discovery: 02/02/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 15 TWP 3S RNG 65W MERIDIAN 6

Latitude: 39.793509 Longitude: -104.657779

Municipality (if within municipal boundaries): Aurora County: ADAMS

Reference Location:

Facility Type: WELL PAD  Facility/Location ID No 449376  
 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? 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): >=1 and <5

Specify: Oil Based Mud

Land Use:

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

Weather Condition: Cold and Clear

Surface Owner: FEE Other(Specify): Property Reserve Inc

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):

While mixing off residual fluid from pit cleaning operations, approximately 4.7 bbl. of OBM and Slop was released to the ground. After the third-party Hydra-Vac Unit had emptied its load of "OBM and Slop" into the High Side Bin, it fluid was observed leaking on to location from the south side of the High Side Bin. A bag of Eco-Sponge was deployed into the high side tank to stop the leak. The leak resulted in approximately 4.7 bbl. of OBM and Slop being released to the ground off secondary containment. The spill area was immediately contained and cleaned up. The released fluid and contaminated soil was collected and mixed off for disposal by the Solids Control Contractor on location. The spill was a result of a 6" crack on the High Side Bin.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/3/2018	City of Aurora	Stephen Rodriquez	-	Voicemail
2/3/2018	Property Reserve Inc	David Powers	-	Acknowledged

**OPERATOR COMMENTS:**

Burlington Resources respectfully submits the attached Form 19. Final clean up and an investigatino are underway.

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

Signed: \_\_\_\_\_ Print Name: Jennifer dIXON  
Title: Regulatory Coordinator Date: 02/03/2018 Email: jennifer.a.dixon@cop.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>

Total Attach: 0 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)