

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401540996

Date Received:

02/08/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

454026

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>GRYNBERG* JACK DBA GRYNBERG PETROLEUM CO</u>	Operator No: <u>36200</u>	Phone Numbers
Address: <u>3600 S. YOSEMITE ST - STE 900</u>		Phone: <u>(303) 850-7490</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80237-1830</u>
Contact Person: <u>Randy Edelen</u>		Mobile: <u>()</u>
		Email: <u>r.edelen@grynberg.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401540996

Initial Report Date: 02/08/2018 Date of Discovery: 02/07/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 26 TWP 9N RNG 62W MERIDIAN 6Latitude: 40.724000 Longitude: -104.294000Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No _____☒ 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): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 25 degrees F, 10 m, wind E6Surface 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):

Discovered vegetation kill while on location preparing for MIT.

List Agencies and Other Parties Notified:

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: Randy Edelen

Title: Regulatory Manager Date: 02/08/2018 Email: r.edelen@grynberg.com

COA Type

Description

	Investigate source of dead vegetation. Investigation must include pressure testing of flowlines in accordance with Rule 1102.e. at a minimum. Provide results of pressure testing on a Supplemental Form 19.
	On a Supplemental Form 19, provide verification that the local government and the Surface Owner were notified of the release in accordance with Rule 906.b.
	Discrete soil samples must be collected to determine the vertical and horizontal extent of impacts to soil in accordance with Rule 910. Soil samples must be collected from the floor and sidewalls of any excavation and from surface areas impacted by the release. Analyze all soil samples for BTEX, TPH-GRO, TPH-DRO, pH, EC, and SAR.
	Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator. The Supplemental Spill Report for this release is due by February 17, 2018.

Attachment Check List

Att Doc Num

Name

401540996	SPILL/RELEASE REPORT(INITIAL)
401542506	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)