

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:

401547376

Date Received:

02/15/2018

Spill report taken by:

Spill/Release Point ID:

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>BURLINGTON RESOURCES OIL & GAS LP</u>	Operator No: <u>26580</u>	Phone Numbers
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

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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 02/02/2018

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>4</u>	<u>4</u>	<input type="checkbox"/>

specify: Oil Based Mud

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): 6

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

How was extent determined?

Visual estimation

Soil/Geology Description:

Adena-Colby association, gently sloping

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>3285</u>	None <input type="checkbox"/>	Surface Water	<u>350</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	02/15/2018		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)				
The root cause of the incident was crack on the high side tank.				
Describe measures taken to prevent the problem(s) from reoccurring:				
The tank has been fixed and the operator is reinforcing the concept of "Spill Champions" that take routine walks through location, checking for potential release points.				
Volume of Soil Excavated (cubic yards):		25		
Disposition of Excavated Soil (attach documentation)		<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
		<input type="checkbox"/> 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:

Operator respectfully requests closure of this incident as impacted soil has been removed and backfilled

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: 02/15/2018 Email: jennifer.a.dixon@cop.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)