

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401548555

Date Received:

02/16/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

454026

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>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@gryenberg.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:

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 02/16/2018

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

specify: _____

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): 210 Width of Impact (feet): 180

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

How was extent determined?

measured

Soil/Geology Description:

Olney fine sandy loam

Depth to Groundwater (feet BGS) 85 Number Water Wells within 1/2 mile radius: 5

If less than 1 mile, distance in feet to nearest	Water Well <u>1130</u>	None <input type="checkbox"/>	Surface Water _____	None <input checked="" type="checkbox"/>
	Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
	Livestock _____	None <input checked="" type="checkbox"/>	Occupied Building <u>4579</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Depth unknown

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:

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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: 02/16/2018 Email: r.edelen@grynberg.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401548559	AERIAL PHOTOGRAPH
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)