

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401559063

Date Received:

03/23/2018

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

453361

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>PETROSHARE CORPORATION</u>	Operator No: <u>10454</u>	Phone Numbers
Address: <u>9635 MAROON CIRCLE #400</u>		Phone: <u>(303) 500-1160</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</u>		Mobile: <u>(918) 774-3120</u>
Contact Person: <u>Harold Powell</u>		Email: <u>hpowell@petrosharecorp.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401482939

Initial Report Date: 12/12/2017 Date of Discovery: 12/07/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 16 TWP 2S RNG 66W MERIDIAN 6

Latitude: 39.878280 Longitude: -104.777529

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No 445292
 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): Unknown Estimated Condensate Spill Volume(bbl): Unknown

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): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: dRY

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):

CONTAMINATION NOTICE DURING ABANDONING OF FLOW LINE. THIS APPEARS TO BE FROM A WELL PLUGGRD BY A PAST OPERATOR.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	03/01/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	_____	_____	<input checked="" type="checkbox"/>	
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>	
PRODUCED WATER	0	0	<input 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted: Length of Impact (feet): _____		Width of Impact (feet): _____		
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____		
How was extent determined?				
On December 7, 2017, historic petroleum hydrocarbon impacts were discovered while abandoning a flowline. Initial site assessment activities were conducted immediately following the discovery. No work has been conducted since December 2017. No soil has been removed from location. Supplemental site investigation activities will be reinitiated and will be submitted in a forthcoming Form 27 Site Investigation and Remediation Work Plan.				
Soil/Geology Description:				
Silty sand				
Depth to Groundwater (feet BGS) <u>30</u>		Number Water Wells within 1/2 mile radius: <u>3</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>1525</u> None <input type="checkbox"/>	Surface Water <u>3770</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 <u>500</u>	None <input type="checkbox"/>
Additional Spill Details Not Provided Above:				

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/01/2018

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)

Historic petroleum hydrocarbon impacts were discovered while abandoning a flowline.

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

The flowline that was the source of the leak has been abandoned.

Volume of Soil Excavated (cubic yards): 0

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:

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

Signed: _____ Print Name: Harold Powell

Title: Field Operations Maanger Date: 03/23/2018 Email: hpowell@petrosharecorp.com

COA Type	Description

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)