

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401596390

Date Received:

04/04/2018

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	Phone Numbers
Address: <u>410 17TH STREET SUITE #1400</u>		Phone: <u>(720) 2256653</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Brian Dodek</u>		Mobile: <u>()</u>
		Email: <u>bdodek@bonanzacrk.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401596390

Initial Report Date: 04/04/2018 Date of Discovery: 04/02/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 26 TWP 5n RNG 63w MERIDIAN 6

Latitude: 40.364447 Longitude: -104.402881

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 434745
 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? No

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): 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): >=5 and <100 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Cement Returns/Water

Land Use:

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

Weather Condition: 38 degrees/clear

Surface Owner: STATE 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):

During wellbore cementing, the cement and water returns were routed to a three sided tank with an earthen berm. Contractors working at the tank caused the berm to deteriorate and release 50.75 bbls of water and cement return fluid. The release occurred completely within the drilling rig lined containment. No fluids contacted the ground. The released material was removed from the drilling mat/containment.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/4/2018	Landowner	CO SLB	-on file	Notified of release
4/4/2018	Weld County	Roy Rudisil	-on file	Notified of release

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 04/04/2018

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>50</u>	<u>50</u>	<input type="checkbox"/>

specify: Cement Returns/Water

Was spill/release completely contained within berms or secondary containment? YES 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): _____ Width of Impact (feet): _____

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

How was extent determined?

Release was determined via visual delineation. Release occurred completely on lined containment. No fluid contacted the ground surface.

Soil/Geology Description:

NA

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 18

If less than 1 mile, distance in feet to nearest

Water Well	<u>1301</u>	None <input type="checkbox"/>	Surface Water	<u>1928</u>	None <input type="checkbox"/>
Wetlands	<u>1750</u>	None <input type="checkbox"/>	Springs	<u>0</u>	None <input type="checkbox"/>
Livestock	<u>0</u>	None <input type="checkbox"/>	Occupied Building	<u>1601</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The released water and cement was removed from the drilling rig lined containmnet mat and were hauled for disposal by the responsible contractor.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	04/04/2018
Cause of Spill (Check all that apply)		
<input checked="" type="checkbox"/> Human Error	<input 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)		
Contractors walking over and degrading the berm caused the berm to be overtopped and release contained fluids.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Contractors was coached on proper operations in and around the earthen berm.		
Volume of Soil Excavated (cubic yards): _____ 0		
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:

There were 18 wells found within 1/2 mile of the release point. 1 well was abandoned . There are 8 monitoring wells and 9 water wells within 1/2 mile.

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

Signed: _____ Print Name: Brian Dodek

Title: Env Manager Date: 04/04/2018 Email: bdodek@bonanzacrk.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401596708	TOPOGRAPHIC MAP
401596763	SITE MAP

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)