

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401616274

Date Received:

04/23/2018

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

454782

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: PDC ENERGY INC	Operator No: 69175	Phone Numbers
Address: 1775 SHERMAN STREET - STE 3000		Phone: (970) 506-9272
City: DENVER State: CO Zip: 80203		Mobile: (970) 373-6581
Contact Person: Zack Liesenfeld		Email: Zack.Liesenfeld@pdce.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401608448

Initial Report Date: 04/14/2018 Date of Discovery: 04/13/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 18 TWP 4N RNG 67W MERIDIAN 6

Latitude: 40.310100 Longitude: -104.923580

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No

Spill/Release Point Name: A.R.

☒ No Existing Facility or Location ID No.

Number: 18-44

☐ 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): Unknown

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

Land Use:

Current Land Use: CROP LAND

Other(Specify):

Weather Condition: Sunny and Windy

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):

PDC discovered a reportable historical spill while abandoning the production facility at the A.R. 18-44. Recovery efforts are mitigating impacts.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/13/2018	COGCC	Rick Allison	-	via email
4/13/2018	Weld County	Roy Rudisill	-	via email
4/13/2018	Land Owner	NA	-	via Phone Call

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 04/23/2018		
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): 53 Width of Impact (feet): 65

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

How was extent determined?

On April 13, 2018, a historic release was discovered during plug and abandonment activities at the A.R. 18-44 tank battery. Excavation and sampling activities are on-going at this time and will be summarized in a forthcoming report. A topographic map is attached as Figure 1.

Soil/Geology Description:

Colombo clay loam, 0 to 1 percent slopes.

Depth to Groundwater (feet BGS) 6 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest	Water Well <u>1828</u>	None <input type="checkbox"/>	Surface Water <u>1288</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>1336</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 04/23/2018
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure) On April 13, 2018, historic hydrocarbon impacts were discovered during plug and abandonment activities.	
Describe measures taken to prevent the problem(s) from reoccurring: Production equipment was removed and will not be replaced.	
Volume of Soil Excavated (cubic yards): 500	
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:

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

Signed: _____ Print Name: Zack Liesenfeld
Title: EHS Professional Date: 04/23/2018 Email: Zack.Liesenfeld@pdce.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401616274	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401616376	TOPOGRAPHIC MAP
401617244	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)