

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:

401564567

Date Received:

04/25/2018

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.

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

453695

OPERATOR INFORMATION

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Operator No: 10633
Address: 1801 CALIFORNIA STREET #2500
City: DENVER State: CO Zip: 80202
Contact Person: Tarah Garza
Phone Numbers: Phone: (303) 774-3969 Mobile: ( ) Email: tarah.garza@crestonepr.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401505884

Initial Report Date: 01/08/2018 Date of Discovery: 01/05/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 21 TWP 3N RNG 68W MERIDIAN 6

Latitude: 40.215140 Longitude: -105.008780

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL [X] Facility/Location ID No 430607

Spill/Release Point Name: Liberty 2F-21H [ ] No Existing Facility or Location ID No.

Number: [ ] 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): 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): 0

Specify: 12 bbls biocide treated water

Land Use:

Current Land Use: CROP LAND Other(Specify):

Weather Condition: Clear and cold

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):

On January 5, 2018 at approximately 6:30 PM a release occurred when a tank containing biocide was filled with water but had a faulty valve. Secondary containment captured three barrels of the water mix prior to reaching capacity and overflowing 12 barrels to the grounds surface. Once observed, onsite company man plugged the valve, stopped transfer of water, and ordered available vac truck to recover what was on the ground and in containment. Impacted soil will be characterized and remediated as needed to comply with COGCC 900 Series Rules.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
1/5/2018	COGCC	Chris Canfield	-	None
1/5/2018	CDPHE		-	Phone Call
1/5/2018	Weld County	Troy Swain	-	None

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 03/06/2018

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>15</u>	<u>15</u>	<input type="checkbox"/>

specify: Biocide-treated 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?

The extent of impact was determined from five soil samples field-screened from the area around the spill, and a composite sample submitted for laboratory analysis to demonstrate clearance of the impacted area.

Soil/Geology Description:

Onsite soils are silty sands

Depth to Groundwater (feet BGS) 6 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>4440</u>	None <input type="checkbox"/>	Surface Water	<u>650</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>550</u>	None <input type="checkbox"/>	Occupied Building	<u>1000</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	03/06/2018
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)		
On January 5, 2018 at approximately 6:30 PM a release occurred when a tank containing biocide was filled with water but had a faulty valve. Secondary containment captured three (3) bbls of the water mix prior to reaching capacity and overflowing twelve (12) bbls onto the ground surface.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Once observed, onsite company man plugged the valve, stopped transfer of water, and ordered available vac truck to recover what was on the ground and in containment. Approximately 15 bbls of biocide-treated water was removed via vacuum truck and disposed. The faulty valve, which initiated this project, has been replaced and tested to ensure integrity.		
Volume of Soil Excavated (cubic yards): _____ 0		
Disposition of Excavated Soil (attach documentation)		
<input 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:

This Form 19 supplemental is being submitted to document the successful completion of remediation efforts at this site. Please find attached a topographic location map, site diagram, analytical results and waste manifest to document site investigation activities and findings. If no additional information is needed in conjunction with this report, please close the incident number assigned to this release.

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

Signed: \_\_\_\_\_ Print Name: Chris Hines

Title: Project Manager Date: 04/25/2018 Email: chris.hines@apexcos.com

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

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401564923	TOPOGRAPHIC MAP
401564925	ANALYTICAL RESULTS
401564927	DISPOSAL MANIFEST
401565004	SITE MAP

Total Attach: 4 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)