

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401612523

Date Received:

04/18/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

454882

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>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>		Mobile: <u>(970) 834-3580</u>
Contact Person: <u>Randy Edelen</u>		Email: <u>redelen@grynberg.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401612523

Initial Report Date: 04/18/2018 Date of Discovery: 03/08/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 26 TWP 9N RNG 62W MERIDIAN 6

Latitude: 40.724395 Longitude: -104.294304

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

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: Croissant No Existing Facility or Location ID No.

Number: 4 Well API No. (Only if the reference facility is well) 05-123-21651

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): <u>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

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

Weather Condition: fair

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):

This historical release was discovered during MIT operations at the wellhead.

List Agencies and Other Parties Notified:

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:

All flowlines have been flushed and capped.
Stained soil was excavated and test results and map of the area are attached.

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: 04/18/2018 Email: redelen@grynberg.com

COA Type

Description

	Removed closure request. Operator is direct to submit a Supplemental Form 19 that includes the Spill/Release Detail Report and the Corrective Actions Report with root cause and corrective actions.
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Attachment Check List

Att Doc Num	Name
401612523	SPILL/RELEASE REPORT(I/S)
401612536	ANALYTICAL RESULTS
401612538	SITE MAP
401629108	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)