

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:

401638575

Date Received:

05/14/2018

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

455005

# 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: VERDAD RESOURCES LLC	Operator No: 10651	<b>Phone Numbers</b> Phone: (720) 8456901 Mobile: ( ) Email: mcugnetti@verdadoil.com
Address: 5950 CEDAR SPRINGS ROAD		
City: DALLAS	State: TX Zip: 75235	
Contact Person: Michael Cugnetti		

## INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401616479

Initial Report Date: 04/23/2018 Date of Discovery: 04/22/2018 Spill Type: Recent Spill

### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 34 TWP 1N RNG 66W MERIDIAN 6

Latitude: 40.007190 Longitude: -104.759280

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

### Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 450069

Spill/Release Point Name: Homestead Pad ☐ No Existing Facility or Location ID No.

Number: 1N66W34 ☐ 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): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

### Land Use:

Current Land Use: OTHER Other(Specify): Well Pad Facility

Weather Condition: Partly cloudy, sixty degrees

Surface Owner: FEE Other(Specify): Second Creek Development LLC

### 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):

approximately 30 BBLs of produced water/freshwater mix was spilled when the transfer line failed at a fitting. The spill source was shut down immediately. The spill did not leave the location and was kept within the facility general containment berms. 2 Vacuum trucks were immediately called in to collect the spilled water and removed impacted soil.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/23/2018	City of Brighton	Diane Phin	303-2059	Left message on VM
4/23/2018	Surface Owner	Joel Farkas	-	emailed... Response: "Thank you"

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☐

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: \_\_\_\_\_

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☐

If YES, enter the Document Number of the Initial Accident Report, Form 22: \_\_\_\_\_

### 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: Michael Cugnetti

Title: EH&S Manager Date: 05/14/2018 Email: mcugnetti@verdadoil.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

401638587	DISPOSAL MANIFEST
401638595	ANALYTICAL RESULTS
401638597	DISPOSAL MANIFEST
401638612	AERIAL PHOTOGRAPH

Total Attach: 4 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)