

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:

401627051

Date Received:

05/02/2018

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: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 05/02/2018		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	30	30	<input 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): 310 Width of Impact (feet): 5

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Initial extent was determined with visual observation of impacted soil. Once vac trucks removed impacted soil extent was checked with PID. More soil was removed and checked again with PID to finalize the extent of impact had been reached and clean margin was determined. Soil samples were collected from the areas most likely to have been impacted for final determination of extent and confirmation of clean up.

Soil/Geology Description:

Olney loamy sand, 3 to 5 percent slope

Depth to Groundwater (feet BGS) 36 Number Water Wells within 1/2 mile radius: 23

If less than 1 mile, distance in feet to nearest Water Well 0 None ☐ Surface Water 0 None ☐

Wetlands \_\_\_\_\_ None ☒ Springs \_\_\_\_\_ None ☒

Livestock 0 None ☐Occupied Building 0 None ☐

Additional Spill Details Not Provided Above:

**CORRECTIVE ACTIONS**#1 Supplemental Report Date: 05/02/2018Cause of Spill (Check all that apply) ☒ Human Error ☒ Equipment Failure ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident &amp; Root Cause (include specific equipment and point of failure)

A 10" lay flat transfer line was moving water from the collection tanks to the coil pump supply tanks when the line ruptured. The material of the hose tore apart from the fitting and approximately 30 bbls of fluid, consisting partially of produced water, was spilled. All fluid that was spilled was contained within the pad general containment ditch and berm. Root cause – should not have used line of this diameter or material for transfer of produced water or liquids at higher pressure, only fresh water at low pressure. Failure cause – overpressure and/or excessive vibration condition

Describe measures taken to prevent the problem(s) from reoccurring:

Corrective action- Clean up spilled water and remove any impacted soil. Confirm clean up with soil samples from areas most likely to have been impacted. Removed 10" lay flat hose from service; 10" lay flat hose not to be used in similar situation again. Use only with fresh water. Truck transfer used for completing this operation. Future operations will use smaller diameter higher rated lines for transfer or truck transfer.

Volume of Soil Excavated (cubic yards): 50Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_Volume of Impacted Ground Water Removed (bbls): 0Volume 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:**

Clean up confirmation samples are being analyzed. Additional Supplemental spill report will be submitted when we receive the confirmation sample results and we will request for closure at that time.

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

Signed: \_\_\_\_\_ Print Name: Michael CugnettiTitle: EH&S Manager Date: 05/02/2018 Email: mcugnetti@verdadoil.com**COA Type****Description****Attachment Check List****Att Doc Num****Name**

401627051	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401627280	OTHER

401627289	OTHER
401627290	AERIAL PHOTOGRAPH
401627293	DISPOSAL MANIFEST
401638973	FORM 19 SUBMITTED

Total Attach: 6 Files

**General Comments**

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

Total: 0 comment(s)