

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 LLCOperator No: 10651Address: 5950 CEDAR SPRINGS ROADCity: DALLASState: TXZip: 75235Contact Person: Michael Cugnetti

Phone Numbers

Phone: (720) 8456901Mobile: ()Email: mcugnetti@verdadoil.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401616479Initial Report Date: 04/23/2018Date of Discovery: 04/22/2018Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 34 TWP 1N RNG 66W MERIDIAN 6Latitude: 40.007190 Longitude: -104.759280Municipality (if within municipal boundaries): Brighton County: WELD

Reference Location:

Facility Type: WELL PAD☒ Facility/Location ID No 450069Spill/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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHEROther(Specify): Well Pad FacilityWeather Condition: Partly cloudy, sixty degreesSurface Owner: FEEOther(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

401638575	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401638587	DISPOSAL MANIFEST
401638595	ANALYTICAL RESULTS
401638597	DISPOSAL MANIFEST
401638612	AERIAL PHOTOGRAPH
401639133	FORM 19 SUBMITTED

Total Attach: 6 Files

General Comments

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

Total: 0 comment(s)