

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:

401634327

Date Received:

05/22/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

454882

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: GRYNBERG* JACK DBA GRYNBERG PETROLEUM CO	Operator No: 36200	Phone Numbers
Address: 3600 S. YOSEMITE ST - STE 900		Phone: (303) 850-7490
City: DENVER State: CO Zip: 80237-1830		Mobile: (970) 834-3580
Contact Person: Randy Edelen		Email: r.edelen@grynberg.com

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): Unknown

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:

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:

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: 05/09/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" type="checkbox"/>
PRODUCED WATER			<input checked="" 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): 88 Width of Impact (feet): 63

Depth of Impact (feet BGS): 13 Depth of Impact (inches BGS):

How was extent determined?

Excavation and testing of the historic release.

Soil/Geology Description:

Olney fine sandy loam

Depth to Groundwater (feet BGS) 260 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	1076	None <input type="checkbox"/>	Surface Water	2444	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock		None <input checked="" type="checkbox"/>	Occupied Building		None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/10/2018		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)				
<div>Historic leak from wellhead</div>				
Describe measures taken to prevent the problem(s) from reoccurring:				
<div>Well is currently not flowing.</div>				
Volume of Soil Excavated (cubic yards): 4000				
Disposition of Excavated Soil (attach documentation)		<input checked="" 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:

Submittal of latest round of samples after additional excavation and remediation
All flowlines have been flushed and plugged.

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: 05/22/2018 Email: r.edelen@grynberg.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401634351	SITE MAP
401648709	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)