

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:

401648426

Date Received:

05/21/2018

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

455149

SPILL/RELEASE REPORT (INITIAL)

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>HIGHLANDS NATURAL RESOURCES CORPORATION</u>	Operator No: <u>10625</u>	Phone Numbers
Address: <u>220 JOSEPHINE STREET</u>		Phone: <u>(361) 2309375</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80206</u>
Contact Person: <u>Stephen Miller</u>		Mobile: <u>(361) 2309375</u>
		Email: <u>stephen.miller@highlanddsnr.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401648426

Initial Report Date: 05/21/2018 Date of Discovery: 05/21/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 15 TWP 5S RNG 64W MERIDIAN 6

Latitude: 39.614805 Longitude: -104.530993

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 449920

Spill/Release Point Name: Highlands 5-64 15-16 Pad No Existing Facility or Location ID No.

Number: _____ 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? No

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): 0

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): >=1 and <5

Specify: 3 BBL OF OIL BASED MUD

Land Use:

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

Weather Condition: CLEAR

Surface Owner: STATE 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):

A valve failure in the flow-line resulted in 3 bbl of Oil Based Mud spilled outside containment. The leak was shut immediately and the spill was contained and cleaned.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/21/2018	COGCC	Susan Sherman	719-7751111	No Answer - Left a Voice Mail with information about the spill. Also sent a Text Message

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: _____

OPERATOR COMMENTS:

A valve failure in the flow-line resulted in 3 bbl of Oil Based Mud spilled outside containment. The leak was shut immediately and the spill was contained and cleaned.

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

Signed: _____ Print Name: Stephen Miller

Title: VP OF OPERATIONS Date: 05/21/2018 Email: stephen.miller@highlandnsr.com

COA Type

Description

<u>COA Type</u>	<u>Description</u>

Attachment Check List

Att Doc Num

Name

401648426	SPILL/RELEASE REPORT(INITIAL)
401648427	OTHER
401648945	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)