

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:

401642953

Date Received:

05/17/2018

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

455153

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>VERDAD RESOURCES LLC</u> | Operator No: <u>10651</u> | Phone Numbers |
| Address: <u>5950 CEDAR SPRINGS ROAD</u> | | Phone: <u>(720) 845-6901</u> |
| City: <u>DALLAS</u> | State: <u>TX</u> | Zip: <u>75235</u> |
| Contact Person: <u>Michael Cugnetti</u> | | Mobile: <u>()</u> |
| | | Email: <u>mcugnetti@verdadoil.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401642953

Initial Report Date: 05/16/2018 Date of Discovery: 05/16/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 34 TWP 1N RNG 66W MERIDIAN 6Latitude: 40.006930 Longitude: -104.756855Municipality (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): >=5 and <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated 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: Clear, 50 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):

While working on the Homestead pad on 5/16/18, approximately 18 bbl of oil on spilled on location. A temporary tank was being filled. The spill was discovered coming from a manway hatch in the side of the tank that was not completely sealed. The filling was ceased and the spill stopped. The spill stayed within the middle of the well pad. A vacuum truck was immediately called and the spill was collected. All impacted soil was scraped up with a loader, has been removed and taken to disposal. Samples were collected from the spill clean up location for confirmation of impacted soil removal.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 5/17/2018 | Surface Owner | Joel Farkas | - | emailed |
| 5/17/2018 | City of Brighton | Diane Phin | - | emailed |

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:

| |
|--|
| |
|--|

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: 05/17/2018 Email: mcugnetti@verdadoil.com

COA Type **Description**

| | |
|--|--|
| | |
|--|--|

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|-------------------------------|
| 401642953 | SPILL/RELEASE REPORT(INITIAL) |
| 401650313 | FORM 19 SUBMITTED |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)