

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:

401652819

Date Received:

05/25/2018

Spill report taken by:

Spill/Release Point ID:

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>HYNDREX RESOURCES</u>	Operator No: <u>42640</u>	Phone Numbers
Address: <u>1531 4TH AVE</u>		Phone: <u>(970) 336-8830</u>
City: <u>GREELEY</u>	State: <u>CO</u>	Mobile: <u>(970) 481-6372</u>
Zip: <u>80631-4145</u>		Email: <u>jamesberger2@aol.com</u>
Contact Person: <u>James Berger</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401652819

Initial Report Date: 05/24/2018 Date of Discovery: 05/22/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NW/SW SEC 20 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.124211 Longitude: -104.799367

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

Reference Location:

Facility Type: FLOWLINE

☐ Facility/Location ID No _____

Spill/Release Point Name: _____ ☒ 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? No

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): >=1 and <5

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Fresh water used to flush line was pushed out of line when repair failed

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: dry

Surface Owner: OTHER (SPECIFY)

Other(Specify): private owner

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):

Line had been evacuated and then fresh water was pumped thru line and then evacuated again. This was done because a 10" oil transmission line was being installed (Noble) and my line (Hyndrex) is a fiberglass line that had been installed by a previous owner with no tracer wire. I assumed that a line strike could easily happen in this situation and it did. I figured that if and when that happened it would not be a danger or an environmental problem. After the strike I had a roustabout company repair the fiberglass with exact fiberglass components. After the 10" line was in and past me I was told I could start up again. I pressured up the line with natural gas to 35 psi and was going to shut everything in overnight to see if the line would hold pressure. It did not. The repair on the line did not hold and residual water in the line was pushed out of the failed repair to surface. I shut everything in and the leak stopped.

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: _____

OPERATOR COMMENTS:

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

Signed: _____ Print Name: James Berger

Title: President/Hyndrex Date: 05/25/2018 Email: jamesberger2@aol.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)