

# 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:

401694311

Date Received:

07/05/2018

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: PETROSHARE CORPORATION	Operator No: 10454	<b>Phone Numbers</b>
Address: 9635 MAROON CIRCLE #400		Phone: (720) 9358256
City: ENGLEWOOD State: CO Zip: 80112		Mobile: (720) 9358256
Contact Person: Bill Lloyd		Email: blloyd@petrosharecorp.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401694311

Initial Report Date: 07/05/2018 Date of Discovery: 07/02/2018 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 3 TWP 1S RNG 67W MERIDIAN 6

Latitude: 39.992220 Longitude: -104.873700

Municipality (if within municipal boundaries): County: ADAMS

#### Reference Location:

Facility Type: OIL AND GAS  
LOCATION

☒ Facility/Location ID No 448269

Spill/Release Point Name: Shook Pad

☐ No Existing Facility or Location ID No.

Number: 1

☐ 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 and <1

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 and <1

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Frac sand from cleanout and associated fluids

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: Dry, clear, hot

Surface Owner: FEE

Other(Specify): Todd Creek Farms

#### 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 small depression was lined with impermeable barrier and was partially filled with returned frac sand and associated fluids from wellbore cleanout operations prior to production. It is estimated this was done approximately 2 weeks prior to discovery and was immediately reported to COGCC upon discovery. Planned corrective action will be to haul all fluid, liner and frac sand to authorized disposal. Copies of all trucking and disposal manifest will be provided to COGCC.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/3/2018	COGCC	John Axelson	303-894-2100	Indicated an inspector would inspect and create an incident/inspection report. Inspector arrived the afternoon of 7/3/2018 and incident report was received 13:19 hrs on 7/5/2018

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: Bill Lloyd  
Title: COO Date: 07/05/2018 Email: blloyd@petrosharecorp.com

COA Type Description

--	--

### Attachment Check List

Att Doc Num Name

401694633	OTHER
-----------	-------

Total Attach: 1 Files

### General Comments

User Group Comment Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)