

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:

CANFIELD, CHRIS

Spill/Release Point ID:

455911

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

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 6Latitude: 39.992220 Longitude: -104.873700Municipality (if within municipal boundaries): _____ County: ADAMS

Reference Location:

Facility Type: OIL AND GAS LOCATION☒ Facility/Location ID No 448269Spill/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 <1Estimated 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): >0 and <1Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Frac sand from cleanout and associated fluids

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Dry, clear, hotSurface Owner: FEEOther(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

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
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 7/3/2003 and incident report was recieved 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:

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

COA Type **Description**

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401694311	SPILL/RELEASE REPORT(INITIAL)
401694633	OTHER
401698609	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)