

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:

401701118

Date Received:

07/13/2018

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>CONOCO PHILLIPS COMPANY</u>	Operator No: <u>19160</u>	Phone Numbers
Address: <u>P O BOX 2197</u>		Phone: <u>(832) 4866014</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77252-2197</u>		Mobile: <u>(281) 4675712</u>
Contact Person: <u>Liang Yu</u>		Email: <u>liang.yu@conocophillips.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401701118

Initial Report Date: 07/12/2018 Date of Discovery: 07/12/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 2 TWP 4S RNG 64W MERIDIAN 6

Latitude: 39.732803 Longitude: -104.509206

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 433299
 Spill/Release Point Name: Cline No Existing Facility or Location ID No.
 Number: 4-64 2 1H 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>=5 and <100</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____
 Weather Condition: Clear
 Surface Owner: FEE 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):

Operations personnel arrived on site at 9 am 7/12/18 and found a hole in the sidewall of the water tank. According to cygnet trends, the spill happened around 7:12pm 7/11/18. A temporary plug was applied to stop the leak and a vacuum truck was used to empty the tank and suck up the freestanding water on the ground. Total volume of produced water leaked from the tank was 73.5bbbls and 20bbbls was recovered from the ground inside the tank containment. The fluid stayed in the secondary containment and had less than 1 bbl seepage outside the containment wall. Contaminated soil will be remediated and the well will remain shut in until the tank and internal lining can be repaired.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/12/2018	COGCC	Susan Sherman	719-7751111	Acknowledged
7/13/2018	Landowner	Chris Robertson	303-8408198	Acknowledged
7/13/2018	Arapahoe County	Diane Kocis	720-8746751	Acknowledged

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: Liang Yu

Title: Sr Regulatory Coordinator Date: 07/13/2018 Email: liang.yu@conocophillips.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)