

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401673696

Date Received:

06/25/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

454027

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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>GRYNBERG* JACK DBA GRYNBERG PETROLEUM CO</u>	Operator No: <u>36200</u>	<b>Phone Numbers</b>
Address: <u>3600 S. YOSEMITE ST - STE 900</u>		Phone: <u>(303) 850-7490</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80237-1830</u>
Contact Person: <u>Randy Edelen</u>		Mobile: <u>(303) 850-7498</u>
		Email: <u>r.edelen@grynberg.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401541084

Initial Report Date: 02/08/2018 Date of Discovery: 02/07/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 26 TWP 9N RNG 62W MERIDIAN 6

Latitude: 40.724920 Longitude: -104.289840

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

Reference Location:

Facility Type: WELL  Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: Croissant  No Existing Facility or Location ID No.

Number: 1  Well API No. (Only if the reference facility is well) 05-123-21426

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? 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): Unknown

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: 25 F, 10 m, wind E6

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):

Discovered a vegetation kill while preparing for a MIT.

**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: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 05/18/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>

specify: \_\_\_\_\_

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit**

Impacted Media (Check all that apply)  Soil  Groundwater  Surface Water  Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 159 Width of Impact (feet): 207

Depth of Impact (feet BGS): 5 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Excavation guided by visual, olfactory, and testing.

Soil/Geology Description:

Olney fine sandy loam

Depth to Groundwater (feet BGS) 260 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest Water Well 1076 None  Surface Water 2444 None

Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None

Livestock \_\_\_\_\_ None  Occupied Building \_\_\_\_\_ None

Additional Spill Details Not Provided Above:

\_\_\_\_\_

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/18/2018
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
Historic leak from wellhead		
Describe measures taken to prevent the problem(s) from reoccurring:		
Well is not operational		
Volume of Soil Excavated (cubic yards): 6000		
Disposition of Excavated Soil (attach documentation)		
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> Other (specify) _____		
Volume of Impacted Ground Water Removed (bbls): 0		
Volume of Impacted Surface Water Removed (bbls): 0		

### REQUEST FOR CLOSURE

**Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.**

Basis for Closure:  Corrective Actions Completed (documentation attached)

Work proceeding under an approved Form 27

Form 27 Remediation Project No: \_\_\_\_\_

### OPERATOR COMMENTS:

Submittal of latest round of analytical samples after additional excavation and remediation.  
All flowlines have been flushed and capped

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

Signed: \_\_\_\_\_ Print Name: Randy Edelen

Title: Regulatory Manager Date: 06/25/2018 Email: r.edelen@grynberg.com

<u>COA Type</u>	<u>Description</u>
	<p>As of July 20, 2018, backfill of the excavation was not complete and reclamation of the excavated area had not commenced. COGCC has passed this Form 19 to acknowledge receipt of the attached information by the COGCC and does not imply approval of the closure request. COGCC has removed the closure request from this Form 19. The spill remains unresolved until backfill of the excavation is complete and reclamation of the excavated area has been implemented in accordance with the 1000 series rules.</p> <p>Upon completion of the backfill and implementation of required surface reclamation of the disturbed area, Operator shall submit a Form 19 Supplemental Report to request closure. The Form 19 shall include photodocumentation of the surface reclamation of the disturbed area.</p>

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401673696	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401673708	ANALYTICAL RESULTS

401684063	SITE MAP
401710351	FORM 19 SUBMITTED

Total Attach: 4 Files

### General Comments

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

Total: 0 comment(s)