

# 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:

401716701

Date Received:

07/27/2018

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>PDC ENERGY INC</u>        | Operator No: <u>69175</u> | <b>Phone Numbers</b>                  |
| Address: <u>1775 SHERMAN STREET - STE 3000</u> |                           | Phone: <u>(970) 313-5541</u>          |
| City: <u>DENVER</u>                            | State: <u>CO</u>          | Zip: <u>80203</u>                     |
| Contact Person: <u>Erin Dougherty</u>          |                           | Mobile: <u>(720) 688-0414</u>         |
|  |                           | Email: <u>erin.dougherty@pdce.com</u> |

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401716701

Initial Report Date: 07/27/2018 Date of Discovery: 07/26/2018 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SSWSE SEC 20 TWP 6N RNG 66W MERIDIAN 6Latitude: 40.467950 Longitude: -104.799470Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY☒ Facility/Location ID No 436120Spill/Release Point Name: Swanson☐ No Existing Facility or Location ID No.Number: 34-20☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

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

#### Land Use:

Current Land Use: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Cloudy and warmSurface 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):

PDC discovered a reportable historical spill while abandoning the production facility at the Swanson 34-20. Recovery efforts are mitigating impacts.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

| Date      | Agency/Party | Contact      | Phone | Response  |
|-----------|--------------|--------------|-------|-----------|
| 7/27/2018 | COGCC        | Rick Allison | -     | via email |
| 7/27/2018 | Weld County  | Roy Rudisill | -     | via email |
| 7/27/2018 | Land Owner   | NA           | -     | via email |

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: Erin Dougherty

Title: Safety Representative Date: 07/27/2018 Email: erin.dougherty@pdce.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)