

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:

401732005

Date Received:

08/13/2018

Spill report taken by:

Spill/Release Point ID:

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>BURLINGTON RESOURCES OIL & GAS LP</u>	Operator No: <u>26580</u>	Phone Numbers
Address: <u>600 N DAIRY ASHFORD RD</u>		Phone: <u>(832) 4866014</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>		Mobile: <u>()</u>
Contact Person: <u>Liang Yu</u>		Email: <u>liang.yu@cop.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401724793

Initial Report Date: 08/06/2018 Date of Discovery: 08/04/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 35 TWP 3S RNG 65W MERIDIAN 6

Latitude: 39.746906 Longitude: -104.623489

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 451166
 Spill/Release Point Name: Big Sandy No Existing Facility or Location ID No.
 Number: 3-65 36-31 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? 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): <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>>=1 and <5</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):

Operator discovered the spill at 8/4/18 AM. It was found that a night-shift person poured approximately 1.36 bbls of produced water to the edge of the pad. Contaminated soil will be excavated and refilled, and more information to be followed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/4/2018	COGCC	SUSAN SHERMAN	719-7751111	Acknowledged
8/4/2018	Landowner		-	Acknowledged
8/6/2018	Adams County		-	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: _____

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:

The impacted soil was excavated and sent to an approved disposal facility. Confirmation sampling will be completed shortly. More information to be followed.

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: 08/13/2018 Email: liang.yu@cop.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

401732028	TOPOGRAPHIC MAP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)