

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:

401723658

Date Received:

08/03/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

456354

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: PDC ENERGY INC	Operator No: 69175	Phone Numbers
Address: 1775 SHERMAN STREET - STE 3000		Phone: (970) 506-9272
City: DENVER	State: CO Zip: 80203	Mobile: (970) 373-6581
Contact Person: Zack Liesenfeld		Email: Zack.Liesenfeld@pdce.com

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 6

Latitude: 40.467950 Longitude: -104.799470

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 436120

Spill/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): 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: CROP LAND

Other(Specify):

Weather Condition: Cloudy and warm

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):

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: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/02/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input 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): _____ Width of Impact (feet): _____

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

On July 26, 2018, a historic release was discovered during plug and abandonment activities at the Swanson 34-20 tank battery. Excavation and sampling activities are on-going at this time and will be summarized in a forthcoming report. A topographic map is attached as Figure 1.

Soil/Geology Description:

Kim loam, 1 to 3 percents slopes

Depth to Groundwater (feet BGS) 15 Number Water Wells within 1/2 mile radius: 5

If less than 1 mile, distance in feet to nearest Water Well 1683 None ☐ Surface Water 520 None ☐

Wetlands _____ None ☒Springs _____ None ☒Livestock 3356 None ☐Occupied Building 896 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS#1 Supplemental Report Date: 08/02/2018Cause of Spill (Check all that apply) ☐ Human Error ☐ Equipment Failure ☒ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

On July 26, 2018, historic hydrocarbon impacts were discovered below the produced water vessel during plug and abandonment activities.

Describe measures taken to prevent the problem(s) from reoccurring:

Production equipment was removed and will not be replaced.

Volume of Soil Excavated (cubic yards): 690Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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:

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

Signed: _____ Print Name: Zack LiesenfeldTitle: EHS Professional Date: 08/03/2018 Email: Zack.Liesenfeld@pdce.com**COA Type****Description**

Submit a Form 27 for the removal a partially buried vessel.

Attachment Check List**Att Doc Num****Name**

401723658 SPILL/RELEASE REPORT(SUPPLEMENTAL)

401723673 TOPOGRAPHIC MAP

401733055 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)