

**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:

401751952

Date Received:

09/02/2018

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

457163

## 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) 506-9272</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>
Contact Person: <u>Zack Liesenfeld</u>		Mobile: <u>(970) 373-6581</u>
		Email: <u>zack.liesenfeld@pdce.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401751952

Initial Report Date: 09/02/2018      Date of Discovery: 08/31/2018      Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 19 TWP 3N RNG 64W MERIDIAN 6Latitude: 40.207037 Longitude: -104.599140Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY      ☒ Facility/Location ID No 322577Spill/Release Point Name: Butterball; Graznak      ☐ No Existing Facility or Location ID No.Number: b4, 1-19      ☐ 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? 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: Sunny 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 historic release on the Butterball B4, 13, 14, 23, 24-19; Graznak 1-19: SWSW19 3N64W while abandoning the facility. Current recovery efforts are mitigating impacts.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/31/2018	COGCC	Robert Chesson	-	Via Email
8/31/2018	weld County	Roy Rudisill	-	Via Email
8/31/2018	Land Owners	NA	-	Vai Phone Call

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:**

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

Signed: \_\_\_\_\_ Print Name: Zack Liesenfeld  
Title: EHS Professional Date: 09/02/2018 Email: zack.liesenfeld@pdce.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

401751952	SPILL/RELEASE REPORT(INITIAL)
401755505	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)