

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:

401815465

Date Received:

10/30/2018

Spill report taken by:

Graber, Candice
 (Nikki)

Spill/Release Point ID:

458525

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>	Phone Numbers
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# 401815465

Initial Report Date: 10/30/2018 Date of Discovery: 10/29/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 6 TWP 3N RNG 65W MERIDIAN 6

Latitude: 40.254510 Longitude: -104.705590

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

Reference Location:

Facility Type: OTHER
☒ Facility/Location ID No 444255
Spill/Release Point Name: Ludwig
☐ No Existing Facility or Location ID No.
Number: #3
☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): >=1 and <5Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Water Based Drill Cuttings

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Sunny and CoolSurface 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 quantity of water based drill cuttings outside secondary containment at the Ludwig #3 spread field due to offsite tracking. Equipment is on sight conducting recovery efforts.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/30/2018	COGCC	Candice Graber	-	Via Email
10/30/2018	Weld County	Roy Rudisill	-	Via Email
10/30/2018	Land Owners	NA	-	Via 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 Rep Date: 10/30/2018 Email: zack.liesenfeld@pdce.com

COA Type

Description

	<p>Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator.</p> <p>The Supplemental Spill Report for this release is due by November 9, 2018.</p>
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Attachment Check List

Att Doc Num

Name

401815465	SPILL/RELEASE REPORT(INITIAL)
401815666	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Environmental	Changed location to Facility ID 444255.	10/30/2018
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Total: 1 comment(s)