

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401814320

Date Received:

11/08/2018

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

456633

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>
Contact Person: <u>Liang Yu</u>		Mobile: <u>()</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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

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: _____

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/07/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>1</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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?

The dimensions of the spill were divided into two segments, 1) 6'X29'X8" 2) 3.5'X22'X1" with the spill calculation adding up to 1.36 BBLs.

Soil/Geology Description:

Soil types: WmB - Weld Loam, 1 to 3 percent slopes; AaB - Adena Loam, 0 to 3 percent slopes; AcC - Adena-Colby association, gently sloping

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 3

If less than 1 mile, distance in feet to nearest Water Well 1972 None Surface Water 925 None

Wetlands _____ None

Springs _____ None

Livestock _____ None

Occupied Building _____ None

Additional Spill Details Not Provided Above:

Empty box for additional spill details.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/07/2018

Cause 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)

While making hourly rounds, contract flowback operator discovered that fluids from gas knockout had been dumped into drainage ditch on edge of location. The discovery was immediately reported to supervision. Through investigation it was determined that the night shift contract company lead had wrong instruction to an employee to dump the contents into the edge of the pad instead of open top frac tank. The root cause is inadequate training for contractor.

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

Contract personnel were removed from the project. Working with contract company to ensure employee training in compliance.

Volume of Soil Excavated (cubic yards): 11

Disposition 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:

The contaminated soil was excavated. The follow up sampling results after the last excavation are attached. The results show the EC are higher, because the excavation is below the well pad and into the underlying clay which is likely the source of the elevated EC. The hydrocarbon is non-detect.

Excavated area is barricaded awaiting agency approval to backfill.

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: 11/08/2018 Email: liang.yu@cop.com

COA Type	Description

Attachment Check List

Att Doc Num

Name

401814333

ANALYTICAL RESULTS

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)