

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:

401835453

Date Received:

11/13/2018

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.

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

459054

OPERATOR INFORMATION

Name of Operator: <u>D90 ENERGY LLC</u>	Operator No: <u>10706</u>	Phone Numbers
Address: <u>202 TRAVIS STREET #402</u>		Phone: <u>(970) 554-1988</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		Mobile: <u>(970) 554-1988</u>
Contact Person: <u>Sam Spear</u>		Email: <u>sam@d90energy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401835453

Initial Report Date: 11/12/2018 Date of Discovery: 11/12/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 10 TWP 6S RNG 54W MERIDIAN 6

Latitude: 39.547420 Longitude: -103.419820

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No _____

Spill/Release Point Name: Taos No Existing Facility or Location ID No.

Number: 1-10 Well API No. (Only if the reference facility is well) 05-073-06520

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): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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: Snowing, 20 degrees, 22 mph wind

Surface Owner: FEE Other(Specify): Payment to land owner

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):

Sunday afternoon, Taos 1-10 well was found to have a flowline leak inside treater house located inside containment at tank battery. Well was shut in to stop flow, used vacuum truck to clean up free fluid on surface, pulled 5bbls of oil and water, estimate 10-15 bbls total leaked. Cleaning up oily soil to plastic lined rolloff containers, will dispose of contaminated soil to registered disposal facility.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/12/2018	COGCC	Susan Sherman	-	Fill out Form 19 and let her know when complete

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: Kevin Oakes

Title: Regulatory Manager Date: 11/13/2018 Email: kevin@d90energy.com

COA Type

Description

	Operator shall provide root cause of spill and prevention procedures on Form 19 Subsequent. Operator shall obtain soil samples from spill location and background location and submit on a Form 19 Supplemental.
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Attachment Check List

Att Doc Num

Name

401835453	SPILL/RELEASE REPORT(INITIAL)
401838609	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)