

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:

401844101

Date Received:

11/19/2018

Spill report taken by:

Spill/Release Point ID:

459130

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: PHOENIX RESOURCES LLC	Operator No: 10691	Phone Numbers Phone: (303) 2193362 Mobile: () Email: theffner@phxresources.com
Address: 5566 S SYCAMORE STREET		
City: LITTLETON	State: CO Zip: 80120	
Contact Person: Taylor Heffner		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401835293

Initial Report Date: 11/11/2018 Date of Discovery: 10/24/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 31 TWP 34S RNG 42W MERIDIAN 6

Latitude: 37.033380 Longitude: -102.215830

Municipality (if within municipal boundaries): County: BACA

Reference Location:

Facility Type: OIL AND GAS
LOCATION

☐ Facility/Location ID No

Spill/Release Point Name:

☐ No Existing Facility or Location ID No.

Number:

☒ Well API No. (Only if the reference facility is well) 05-009-06676

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): >=1 and <5

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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: mostly cold and dry

Surface Owner: FEE

Other(Specify): Kerry Cromer

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):

Packing within the stuffing box recently leaked, causing the spill. The leak has since been repaired and the spill cleaned up.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/13/2018	Surface Owner - Caretaker	Kerry Cromer	785-370-9040	Notified Kerry via phone, no email available.
11/14/2018	LGD - Baca County	Gayla Thompson	710-523-4332	Emailed Gayla regarding spill and cleanup, no response received yet

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: 11/18/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	1	1	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	2	2	<input 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>2</u>		Width of Impact (feet): <u>2</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): <u>2</u>	
How was extent determined?			
Visual. The Holt #1 recently experienced a leak at the wellhead, in which packing material within the stuffing box leaked, causing oil and mostly water to leak by and onto the ground. The heavy winds that day blew some of this produced fluid onto the soil in front of the wellhead, so the visual extent was documented by pictures taken by the field inspector. Soil samples are being collected and analyzed per 906.b.1.B, and a Table-910-1 will be submitted once the analytics have been returned to Phoenix Resources.			
Soil/Geology Description:			
Dry, sandy dirt.			
Depth to Groundwater (feet BGS) <u>50</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
If less than 1 mile, distance in feet to nearest Water Well <u>1950</u> None <input type="checkbox"/>		Surface Water _____ None <input checked="" type="checkbox"/>	

Wetlands _____ None ☒Springs _____ None ☒Livestock _____ None ☒Occupied Building 2600 None ☐

Additional Spill Details Not Provided Above:

Soil samples are being collected and analyzed per 906.b.1.B, and a Table-910-1 will be submitted once the analytics have been returned to Phoenix Resources.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/18/2018Cause 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)

The Holt #1 recently experienced a leak at the wellhead, in which rubber packing material within the stuffing box of the pumping unit leaked, causing oil and mostly water to leak by, down the wellhead and onto the ground. The heavy winds that day blew some of this produced fluid onto the soil in front of the wellhead, so the visual extent was documented by pictures taken by the field inspector. We have since replaced the packing within the stuffing box and have not seen any further leaking.

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

Since acquiring this well in October, we began documenting each piece of equipment on location and its components in order to keep track of the age of the equipment. Going forward, we plan to be proactive in replacing and maintaining parts that are approaching their typical service usage. Additionally, our lease operator(s) will keep close eye on the integrity of the packing material within the stuffing box of all pumping units we operate in the area, since this has already occurred once. Now that this equipment is on a preventative maintenance schedule, this issue should not resurface again. Soil samples are being collected and analyzed per 906.b.1.B, and a Table-910-1 will be submitted once the analytics have been returned to Phoenix Resources.

Volume of Soil Excavated (cubic yards): 1Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment☐ Other (specify) _____Volume of Impacted Ground Water Removed (bbls): 0Volume of Impacted Surface Water Removed (bbls): 0

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: Taylor HeffnerTitle: Partner Date: 11/19/2018 Email: theffner@phxresources.com

COA Type

Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401844103	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)