

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:

401845557

Date Received:

11/19/2018

Spill report taken by:

Spill/Release Point ID:

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>URSA OPERATING COMPANY LLC</u>	Operator No: <u>10447</u>	Phone Numbers
Address: <u>1600 BROADWAY ST STE 2600</u>		Phone: <u>(970) 329-4367</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>()</u>
Contact Person: <u>Dwayne Knudson</u>		Email: <u>dknudson@ursaresources.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401845557

Initial Report Date: 11/19/2018 Date of Discovery: 11/16/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 8 TWP 7S RNG 91W MERIDIAN 6

Latitude: 39.454503 Longitude: -107.578658

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 335054

Spill/Release Point Name: Castle Spring B No Existing Facility or Location ID No.

Number: Tank W1 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): 0 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: 46 bbls

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: Clear, sunny, cool temp (40 def F)

Surface Owner: FEDERAL Other(Specify): BLM

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):

During daily inspections, fluid accumulation was observed within the containment around the production tank. Upon further investigation, it was observed that a hole was present within the W1 production tank. Based on strapping measurements, the estimated volume release is 46 bbls. Further investigation and sampling is to be completed once the tank has been disconnected and removed from service.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/16/2018	BLM	Jim Byers	970-876-9056	Informed Jim Byers and Carmia Wooley
11/16/2018	LEPC	Kirby Wynn	970-625-5905	non-emergency e-mail
11/16/2018	Fire Chief	Chad Harris	970-625-1243	non-emergency e-mail
11/16/2018	Garco Sheriffs	Chris Bornholt	970-945-0453	non-emergency e-mail
11/16/2018	COGCC	Steven Arauza	720-498-5298	verbal and non-emergency e-mail

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:

Please forward onto Steven Arauza

Further soil investigation is tentatively scheduled on 11/20/18 after the tank has been removed. Confirmation soil samples will be collected to determine extent of remediation needed.

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

Signed: _____ Print Name: Kris Rowe

Title: Env. Consultant Date: 11/19/2018 Email: Krowe@hrlcomp.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)