

State of Colorado
Oil and Gas Conservation Commission

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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: BURLINGTON RESOURCES OIL & GAS LP

Operator No: 26580

Address: 925 N ELDRIDGE PARKWAY

City: HOUSTON

State: TX

Zip: 77079

Contact Person: Liang Yu

Phone Numbers

Phone: (832) 4866014

Mobile: ()

Email: liang.yu@cop.com

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	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	1	0	<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): _____		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) <u>20</u>		Number Water Wells within 1/2 mile radius: <u>3</u>	
If less than 1 mile, distance in feet to nearest Water Well <u>1972</u> None <input type="checkbox"/>		Surface Water <u>925</u> None <input type="checkbox"/>	

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

Additional Spill Details Not Provided Above:

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**

<u>Att Doc Num</u>	<u>Name</u>
401814320	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401814333	ANALYTICAL RESULTS
401848689	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)