

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:

401867983

Date Received:

12/11/2018

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

459054

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>D90 ENERGY LLC</u>	Operator No: <u>10706</u>	<b>Phone Numbers</b>
Address: <u>202 TRAVIS STREET #402</u>		Phone: <u>(713) 227-0391</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		Mobile: <u>( )</u>
Contact Person: <u>Kevin Oakes</u>		Email: <u>kevin@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: \_\_\_\_\_

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	12/11/2018		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	5	4	<input type="checkbox"/>	
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>	
PRODUCED WATER	10	0	<input type="checkbox"/>	
DRILLING FLUID	_____	_____	<input checked="" type="checkbox"/>	
FLOW BACK FLUID	_____	_____	<input checked="" type="checkbox"/>	
OTHER E&P WASTE	_____	_____	<input checked="" type="checkbox"/>	
specify: _____				
Was spill/release completely contained within berms or secondary containment? <u>YES</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
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 extent was determined during our cleanup process.				
Soil/Geology Description:				
The Attached field notes show the four confirmation sample locations and sample names (EW01, SW01, NW01, and WW01) that were all collected from a depth of 6 inches below the ground surface. The four confirmation soil samples were submitted to a contract laboratory for the prescribed analytical parameters (BTEX, GRO, and DRO). The laboratory analytical results submitted for the Taos 1-10 site are all non-detect and the laboratory analytical report is Attached				
Depth to Groundwater (feet BGS) <u>140</u>		Number Water Wells within 1/2 mile radius: <u>0</u>		
If less than 1 mile, distance in feet to nearest		Water Well _____	None <input checked="" type="checkbox"/>	Surface Water _____
		Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____
		Livestock _____	None <input checked="" type="checkbox"/>	Occupied Building _____
				None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Empty rectangular box for additional spill details.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/11/2018

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)

The cause for this leak was corrosion/ ware in the flow line. The line was never deemed to be broken or to have came undone.

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

For preventative maintence, we replaced the orginial steel pipe with a new poly pipe, which is a more durable line.

Volume of Soil Excavated (cubic yards): 30

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): 0

Volume 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:

Empty rectangular box for 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: Kevin Oakes

Title: Regulatory Manager Date: 12/11/2018 Email: kevin@d90energy.com

### COA Type

### Description

COA Type	Description

### Attachment Check List

Att Doc Num	Name
401868265	OTHER
401868268	ANALYTICAL RESULTS

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)