

**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:

401876829

Date Received:

12/17/2018

Spill report taken by:

Graber, Candice  
(Nikki)

Spill/Release Point ID:

459642

## 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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	<b>Phone Numbers</b>
Address: <u>410 17TH STREET SUITE #1400</u>		Phone: <u>(720) 4406100</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Brian Dodek</u>		Mobile: <u>( )</u>
		Email: <u>Bdodek@Bonanzacrk.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401865612

Initial Report Date: 12/07/2018      Date of Discovery: 12/07/2018      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release:    QTRQTR    NESW    SEC    21    TWP    5N    RNG    63W    MERIDIAN    6

Latitude: 40.381702      Longitude: -104.445464

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: WELL PAD☒ Facility/Location ID No 455363

Spill/Release Point Name: North Platte I-21 Completions

☐ No Existing Facility or Location ID No.

Number: \_\_\_\_\_

☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): >=1 and <5Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Completion fluid

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Clear, 20'sSurface 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):

A piece of piping used for completion operations washed out and released approximately 5 bbls of completion fluid to the plated well pad surface. The release was fully contained to the well pad. Operations were immediately shutdown and the failed section of piping was replaced. The remaining string of piping was inspected prior to being put back in service. A roustabout crew has been mobilized to remove the impacted soil.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
12/7/2018	Weld County	Roy Rudisill	-on file	notified of release
12/7/2018	Land Owner	70 Ranch	-on file	notified of release

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: 12/17/2018		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	5	0	<input type="checkbox"/>

specify: Completions fluid

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**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) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 30 Width of Impact (feet): 50

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

The extent of the release was determined through visual delineation.

Soil/Geology Description:

Valent Sands, 3-9% slopes

Depth to Groundwater (feet BGS) 25 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well 4121 None ☐ Surface Water 1957 None ☐

Wetlands \_\_\_\_\_ None ☒ Springs \_\_\_\_\_ None ☒

Livestock \_\_\_\_\_ None ☒Occupied Building 3814 None ☐

Additional Spill Details Not Provided Above:

The impacted soil that was accessible was removed. However, due to the ongoing operations and safety concerns the remaining soil will be removed after all of the wells have been completed. Confirmation soil samples will be collected and submitted for laboratory analysis. Analytical results will be included in a supplemental report.

**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 depth to groundwater is estimated because there were not any groundwater wells within a mile radius with a static water level included on the DWR website.

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

Signed: \_\_\_\_\_ Print Name: Brian DodekTitle: Env. Manager Date: 12/17/2018 Email: Bdodek@Bonanzacrk.com**COA Type****Description**

	The Operator shall submit a Form 19 Supplemental Report that documents the successful remediation of the release within 90 days of the release date. Supporting documentation shall include confirmation soil samples to document removal of impacts from soil in the release area and a site diagram that illustrates the release extent and location of confirmation soil samples. Confirmation soil samples should be collected and analyzed in accordance with Rule 910. If ground water impacts are discovered, the Operator shall submit a Form 27 Site Investigation and Remediation Workplan for the investigation and remediation of impacts to ground water in accordance with Rule 909.c. The supplemental spill report is due March 7, 2019.
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**Attachment Check List****Att Doc Num****Name**

401876829	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401877907	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)