

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:

401885269

Date Received:

12/24/2018

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>EXPEDITION WATER SOLUTIONS COLORADO LLC</u>	Operator No: <u>10580</u>	Phone Numbers
Address: <u>2015 CLUBHOUSE DR SUITE 201</u>		Phone: <u>(303) 2909414</u>
City: <u>GREELEY</u>	State: <u>CO</u>	Zip: <u>80634</u>
Contact Person: <u>Jeremiah Demuth</u>		Mobile: <u>()</u>
		Email: <u>jdemuth@petrotek.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401885269

Initial Report Date: 12/23/2018 Date of Discovery: 12/23/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 22 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.125500 Longitude: -104.885700

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 456966
 Spill/Release Point Name: EWS 6 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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>>=1 and <5</u>

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____
 Weather Condition: ~9 degrees F and cloudy, pre-dawn
 Surface Owner: FEE Other(Specify): Expedition Water Solutions

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):

The driver of a truck carrying oil-based mud (OBM) did not completely close the valve on the back of his truck before moving. 2-3 bbl of OBM was spilled on the location before he noticed. The spill was well within the location, on hard-packed roadbase. Solidification material was spread over the spill and allowed to soak up the OBM. The solidification material was scooped up and placed in containment to be disposed of along with the oil-based drill cuttings from the upcoming drilling. Roadbase was scraped away with a loader until no OBM was visible.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/23/2018	Weld County LGD	Jason Maxey	970-400-3579	None 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: _____

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: Jeremiah Demuth

Title: Engineering Technician Date: 12/24/2018 Email: jdemuth@petrotek.com

COA Type

Description

	push back to draft provide coordinates of spill not of well on location
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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)