

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:

401887985

Date Received:

12/28/2018

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

460308

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>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 _____

Spill/Release Point Name: EPS 6 well pad 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): >=1 and <5

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

Date	Agency/Party	Contact	Phone	Response
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: _____

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 12/28/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>-3</u>	<u>-3</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: _____

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): 117 Width of Impact (feet): 21

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

The location of the spill was scraped until no visible Oil Based Mud (OBM) stains remained. The locaiton of the spill was on the well pad, where the soil consists of compacted road base. As such, the OBM was observed to have penetrated very little.

Soil/Geology Description:

Compacted road base.

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 10

If less than 1 mile, distance in feet to nearest

Water Well	<u>1600</u>	None <input type="checkbox"/>	Surface Water	<u>650</u>	None <input type="checkbox"/>
Wetlands	<u>3300</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>2570</u>	None <input type="checkbox"/>	Occupied Building	<u>2100</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

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:

Three soil samples have been collected and submitted to a laboratory for testing. Sample results will be submitted when the lab has completed testing. A map of spill locaiton and sample locations will be included with the sample data.

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: 12/28/2018 Email: jdemuth@petrotek.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)