

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:

401888753

Date Received:

12/29/2018

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

460444

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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	Phone Numbers Phone: <u>(720) 44061000</u> Mobile: <u>()</u> Email: <u>BDodek@Bonanzacrk.com</u>
Address: <u>410 17TH STREET SUITE #1400</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Brian Dodek</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401888753

Initial Report Date: 12/29/2018 Date of Discovery: 12/28/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 1 TWP 5N RNG 62W MERIDIAN 6

Latitude: 40.423510 Longitude: -104.271320

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 440823

Spill/Release Point Name: SA CPF O-1 Oil Release ☐ 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? 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): 0

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: Partly Cloudy, 5 degrees

Surface Owner: STATE

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 dump valve on a vertical scrubber froze in the open position causing the production tanks to overpressure. Approximately 10 bbls of oil were released within the poly lined containment. Roustabout crews and a vac truck are on location removing the impacted ballast. The integrity of the liner will be checked while removing the ballast.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/29/2018	SLB	Steve Freese	-on file	notified of release
12/29/2018	Weld County	Roy Rudisil	-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: _____

OPERATOR COMMENTS:

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

Signed: _____ Print Name: Brian Dodek

Title: Env. Manager Date: 12/29/2018 Email: BDodek@Bonanzacrk.com

COA Type

Description

	<p>Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator. Although the Initial Spill/Release Report included the required topographic map, the Supplemental Spill/Release Detail Report is still required within 10 days.</p> <p>The Supplemental Spill Report for this release is due by January 8, 2019.</p>
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Attachment Check List

Att Doc Num

Name

401888753	SPILL/RELEASE REPORT(INITIAL)
401888759	TOPOGRAPHIC MAP
401889127	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)