

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:

401888776

Date Received:

12/29/2018

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.

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

460459

OPERATOR INFORMATION

Name of Operator: <u>PETROSHARE CORPORATION</u>	Operator No: <u>10454</u>	Phone Numbers
Address: <u>9635 MAROON CIRCLE #400</u>		Phone: <u>(720) 256-8774</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</u>		Mobile: <u>()</u>
Contact Person: <u>Meghan Grimes</u>		Email: <u>mgrimes@petrosharecorp.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401888776

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

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 20 TWP 6S RNG 64W MERIDIAN 6

Latitude: 39.511875 Longitude: -104.576864

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

Reference Location:

Facility Type: OIL AND GAS LOCATION

☐ Facility/Location ID No _____

Spill/Release Point Name: Nordman Trust

☐ No Existing Facility or Location ID No.

Number: 33-20

☒ Well API No. (Only if the reference facility is well) 05-039-06524

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? 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: 18 degrees, partly cloudy

Surface 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):

We were removing lines from the 33-20 and found the soil to be clearly contaminated by an historic spill. The affected area is 20' x 40' and is contaminated to a depth of 2'; More likely deeper, but that is the extent of our excavation at this time. Soil testing will determine the extent of contamination. We discovered this while removing the treater and lines from a P&A'd well: The Nordman Trust 33-20. We have stockpiled the contaminated soil and will have Tasman test that soil as soon as the locates are done on Monday. There are no free liquids in the contamination. Guessing leaking lines and vessels from the past caused this. We discovered 2 of the treaters had leaks when taken out of service and would have contributed to the contamination at some point in time.

List Agencies and Other Parties Notified:

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: Meghan Grimes

Title: Regulatory Manager Date: 12/29/2018 Email: mgrimes@petrosharecorp.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

401888776	SPILL/RELEASE REPORT(INITIAL)
401889833	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)