

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:

401894431

Date Received:

01/06/2019

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

460502

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>PETROX RESOURCES INC</u>	Operator No: <u>69805</u>	Phone Numbers
Address: <u>12600 W COLFAX AVENUE #C-440</u>		Phone: <u>(303) 8033998</u>
City: <u>LAKEWOOD</u>	State: <u>CO</u>	Mobile: <u>(303) 8033998</u>
Zip: <u>80215</u>		Email: <u>Ryan@Petrox-Resources.com</u>
Contact Person: <u>Ryan Clark</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401894431

Initial Report Date: 01/06/2019 Date of Discovery: 01/06/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 29 TWP 33N RNG 5W MERIDIAN NLatitude: 37.072601 Longitude: -107.414628Municipality (if within municipal boundaries): _____ County: ARCHULETA

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 378715Spill/Release Point Name: CDP/Ellison 29-1 Location ☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: Cold and SnowingSurface 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 slug of water was pushed to the Ellison location and overflowed the tank on location. The excess water was fully contained in the berm. Petrox believes that one of the below surface lines froze during the night and during the morning of 1/6/2019 it thawed causing a large slug of water to fill the tank. Petrox is still investigating the cause but will have the exact cause for the supplemental spill report. 60 bbls were pulled from the berm and disposed of at the Tierra Piedra #15-1 SWD facility. Water flow rates returned to normal shortly after the slug. The location recently was upgraded from a 250 bbl to 400 bbl tank, which minimized spill volume. A remediation plan will be determined when the root cause is identified.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/6/2019	COGCC	Jim Hughes	970-9034072	Left Email
1/6/2019	Land Owner		-	Petrox Field Foreman verbally told the new land owner.

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: Ryan Clark

Title: VP of Engineering Date: 01/06/2019 Email: Ryan@Petrox-Resources.com

COA Type

Description

	The operator shall provide information regarding failure analysis, integrity/pressure testing, and any data concerning root cause(s) of the spill to the COGCC Engineering Integrity Supervisor, Mark Schlagenhauf, at 303-894-2100 x5177 or mark.schlagenhauf@state.co.us.
	The operator shall comply with Rule 910.b.3.
	Because of the potential below ground freezing of the flowline, the well shall be shut in and flowline integrity be determined prior to placing the line and well back into service.

Attachment Check List

Att Doc Num

Name

401894431	SPILL/RELEASE REPORT(INITIAL)
401895658	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)