

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:

401896285

Date Received:

01/08/2019

Spill report taken by:

Graber, Candice  
(Nikki)

Spill/Release Point ID:

460444

## 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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	<b>Phone Numbers</b>  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: \_\_\_\_\_

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 01/08/2019		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	10	8	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>

specify: \_\_\_\_\_

Was spill/release completely contained within berms or secondary containment? YES 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): \_\_\_\_\_ Width of Impact (feet): \_\_\_\_\_

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

The release was fully contained and did not impact the ground surface

Soil/Geology Description:

Valent Sand, 3-9% Slopes

Depth to Groundwater (feet BGS) 25 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well \_\_\_\_\_ None ☒ Surface Water \_\_\_\_\_ None ☒

Wetlands \_\_\_\_\_ None ☒ Springs \_\_\_\_\_ None ☒

Livestock \_\_\_\_\_ None ☒Occupied Building \_\_\_\_\_ None ☒

Additional Spill Details Not Provided Above:

The release was fully contained and did not impact the ground surface. The impacted ballast was removed and the integrity of the liner was satisfactory.

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/08/2019

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident &amp; Root Cause (include specific equipment and point of failure)

A dump valve on a vertical scrubber froze in the open position allowing the tanks to overpressure.

Describe measures taken to prevent the problem(s) from reoccurring:

Methanol is used to prevent freezes.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

## 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:

the depth to groundwater is estimated because there is not any static water level data in the area.

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: 01/08/2019 Email: Bdodek@Bonanzaark.com

## COA Type

## Description

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## Attachment Check List

### Att Doc Num

### Name

401896386	SITE MAP
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Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)