

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:

401902174

Date Received:

01/14/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

460690

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>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Operator No: <u>10633</u>	Phone Numbers
Address: <u>1801 CALIFORNIA STREET #2500</u>		Phone: <u>(303) 7743985</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(720) 2365525</u>
Contact Person: <u>David Tewkesbury</u>		Email: <u>david.tewkesbury@crestonepr.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401902174

Initial Report Date: 01/11/2019 Date of Discovery: 01/10/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR sww SEC 17 TWP 2n RNG 65w MERIDIAN 6

Latitude: 40.133296 Longitude: -104.693160

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

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: Melbon Ranch No Existing Facility or Location ID No.

Number: 4I-17H-M265 Well API No. (Only if the reference facility is well) 05-123-47750

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): 0 Estimated Condensate Spill Volume(bbl): >=5 and <100

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: 10 bbls condensate released

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: Partly sunny, Wind to the north 7mp

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):

While pulling production string with a work over rig the pipe got stuck in what is believed to be sand in the well. The rig pulled on the string when it suddenly released and the production string jumped and came out of hole approximately 12". The well was killed when the rams were activated. When this tubing came out of the well approximately 10 bbls of condensate blew out of the well under pressure and blew North misting a swath of ground inside the sound walls. The condensate mist blew over the sound walls outside of containment and covered approx. 1.75 acres of farmland directly north of the site. Apex environmental and cleanup crews are on location. The area that was sprayed will be scraped and disposed off. Top soil will be brought in to replace the soil removed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/10/2019	Landowner	Jim Sarchet	970-5671124	He has approved our clean up plan
1/11/2019	Weld County	Gracie Marquez/Jmaxey	-	emailed. No response as of this submittal.

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: David Tewkesbury

Title: Environmental Coordinator Date: 01/14/2019 Email: david.tewkesbury@crestonepr.com

COA Type

Description

	COGCC records indicate there are no wells on location 430140 as specified as location of spill by operator. Operator reported release from wellhead so spill from wellhead is not from that location. Provide API number and name of well where spill occurred and resubmit form 19 initial.
	Provide documentation justifying closure request within 90 days of release via supplemental form 19. If investigation and remediation require further actions beyond 90 days then submit form 27 for approval within 90 days of spill (10April2019).

Attachment Check List

Att Doc Num

Name

401902174	SPILL/RELEASE REPORT(INITIAL)
401903519	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)