

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401916091

Date Received:

01/24/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

451669

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>HIGHPOINT OPERATING CORPORATION</u>	Operator No: <u>10071</u>	<b>Phone Numbers</b>
Address: <u>1099 18TH ST STE 2300</u>		Phone: <u>(303) 312-8718</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>( )</u>
Contact Person: <u>Rusty Frishmuth</u>		Email: <u>rfrishmuth@hpres.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401370050

Initial Report Date: 08/09/2017 Date of Discovery: 08/08/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 23 TWP 11N RNG 63W MERIDIAN 6

Latitude: 40.913850 Longitude: -104.407675

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

Reference Location:

Facility Type: WELL PAD  Facility/Location ID No 416812

Spill/Release Point Name: Emergency Tank  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? 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): >=100

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; 75 degrees

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):

148 bbls of produced water and 25 bbls of crude oil was released within containment and 150 bbls of produced water and 10 gallons of crude oil was released outside of containment from a tank on location at the Critter Creek 19-23H. Once the leak was discovered the well was isolated effectively stopping the leak. The cause of the spill was determined to be due to increase flow in the wellbore caused by frac operations on an offset well. A crew was dispatched to location and 265 bbls of produced water and 23 bbls of crude oil were recovered. The impacted soil outside of containment has been remediated and will be hauled from location. The impacted soil within containment is being evaluated and the appropriate remediation will occur once extent of the contamination is known.

**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: \_\_\_\_\_

**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: 12269

**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: Rusty Frishmuth

Title: EHS Manager Date: 01/24/2019 Email: rfrishmuth@hpres.com

<u>COA Type</u>	<u>Description</u>

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)