

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401909409

Date Received:

01/24/2019

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

459792

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: UTAH GAS OP LTD DBA UTAH GAS CORPOperator No: 10539Address: 1125 ESCALANTE DRCity: RANGELYState: COZip: 81648Contact Person: Steven Hale

Phone Numbers

Phone: (970) 675-4400Mobile: (970) 290-2912Email: shale@utahgascorp.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401870624Initial Report Date: 12/11/2018Date of Discovery: 12/11/2018Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 5 TWP 3S RNG 101W MERIDIAN 6Latitude: 39.815622 Longitude: -108.762570Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: WELL☐ Facility/Location ID No _____Spill/Release Point Name: Douglas Creek Unit #1☐ No Existing Facility or Location ID No.Number: 1☒ Well API No. (Only if the reference facility is well) 05-103-05083

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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: more accurate estimate to be determined during investigation

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: ClearSurface Owner: FEDERAL

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):

During normal operations of the DCU #1 SWD well location, the lease operator discovered a release of produced water near the Salt Water Disposal well head, from an apparent failure of the flow line between the injection pump and the well head. The line was not under pressure at the time of discovery, but was isolated to prevent further release. Initial estimate of volume released is approximately 5 barrels, with more accurate determination to be made after flow line is excavated. Evidence of moist soil from the release extended from the well area on the working surface, and into stormwater diversion and containment. No release was made off pad location.

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: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	01/24/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	4	0	<input checked="" 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): 108 Width of Impact (feet): 5

Depth of Impact (feet BGS): 8 Depth of Impact (inches BGS): _____

How was extent determined?

Full extent has not been determined. Laboratory results from initial grab samples are included, with only Benzene over table 910-1 standards at point of release (6 foot depth). Additional excavation or drilling will be completed as conditions permit, to determine full extent and best option for remediation. Approximately 17 cubic yards of excavated material was transported to the RNI commercial disposal during the flowline repair. A Form 27 is being prepared for this project and will be submitted for approval.

Soil/Geology Description:

Rock Outcrop - high clay, very minimal sand.

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u> </u>	None	<input checked="" type="checkbox"/>	Surface Water	<u>600</u>	None	<input type="checkbox"/>
Wetlands	<u> </u>	None	<input checked="" type="checkbox"/>	Springs	<u> </u>	None	<input checked="" type="checkbox"/>
Livestock	<u> </u>	None	<input checked="" type="checkbox"/>	Occupied Building	<u> </u>	None	<input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	01/24/2019
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
<div>Pinhole corrosion resulting from acid bacteria in Produced Water being sent in flowline for injection. Point of failure in the 2 inch line, was at 90 degree elbow, approximately 6 feet deep, near SWD well head.</div>		
Describe measures taken to prevent the problem(s) from reoccurring:		
<div>Elbow joint and associated section of flowline were replaced. Failed joint was analyzed by Baker Petrolite, determining that acid bacteria was causal factor. Water storage tanks at location (3-400 bbl ea.) have been flushed. Routine water sampling is underway, by Baker, and is scheduled now for on-going monitoring, to ensure the most effective chemical treatment (i.e. biocide) is used to eliminate bacteria in storage tanks. Biocide treatment has continued and options for use of chemical sticks vs. bags, or liquid are being evaluated for best and most effective delivery of the biocide.</div>		
Volume of Soil Excavated (cubic yards): 17		
Disposition of Excavated Soil (attach documentation)		
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> 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:

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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: Steven Hale

Title: Environmental Specialist Date: 01/24/2019 Email: shale@utahgascorp.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401916969	DISPOSAL MANIFEST
401916971	ANALYTICAL RESULTS
401916993	SITE MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)