

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:

401916983

Date Received:

02/05/2019

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

459130

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: PHOENIX RESOURCES LLC	Operator No: 10691	Phone Numbers
Address: 5566 S SYCAMORE STREET		Phone: (303) 219-3362
City: LITTLETON State: CO Zip: 80120		Mobile: (303) 429-0369
Contact Person: Taylor Heffner		Email: theffner@phxresources.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401835293

Initial Report Date: 11/11/2018 Date of Discovery: 10/24/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 31 TWP 34S RNG 42W MERIDIAN 6

Latitude: 37.033380 Longitude: -102.215830

Municipality (if within municipal boundaries): County: BACA

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: Holt #1 No Existing Facility or Location ID No.

Number: _____ Well API No. (Only if the reference facility is well) 05-009-06676

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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=1 and <5	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: mostly cold and dry

Surface Owner: FEE Other(Specify): Kerry Cromer

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):

Packing within the stuffing box recently leaked, causing the spill. The leak has since been repaired and the spill cleaned up.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/13/2018	Surface Owner - Caretaker	Kerry Cromer	785-370-9040	Notified Kerry via phone, no email available.
11/14/2018	LGD - Baca County	Gayla Thompson	710-523-4332	Emailed Gayla regarding spill and cleanup, no response received yet

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: _____

OPERATOR COMMENTS:

Since acquiring this well in October, we began documenting each piece of equipment on location and its components in order to keep track of the age of the equipment. Going forward, we plan to be proactive in replacing and maintaining parts that are approaching their typical service usage. Additionally, our lease operator(s) will keep close eye on the integrity of the packing material within the stuffing box of all pumping units we operate in the area, since this has already occurred once. Now that this equipment is on a preventative maintenance schedule, this issue should not resurface again. Soil samples were collected and analyzed per 906.b.1.B, and the corresponding Table-910-1 has been attached.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Taylor Heffner

Title: Partner Date: 02/05/2019 Email: theffner@phxresources.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
401929992	OTHER
401929996	ANALYTICAL RESULTS
401929997	ANALYTICAL RESULTS
401929998	AERIAL PHOTOGRAPH

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)