

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:

401932335

Date Received:

02/08/2019

Spill report taken by:

Arauz, Steven

Spill/Release Point ID:

461615

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>MUSTANG RESOURCES LLC</u>	Operator No: <u>10550</u>	Phone Numbers
Address: <u>1660 LINCOLN STREET SUITE 1450</u>		Phone: <u>(720) 5507507</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80264</u>
Contact Person: <u>Deb Lemon</u>		Mobile: <u>(303) 8075112</u>
		Email: <u>dlemon@mustangresourcesllc.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401924926

Initial Report Date: 01/31/2019 Date of Discovery: 01/31/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 13 TWP 6S RNG 94W MERIDIAN 6

Latitude: 39.530875 Longitude: -107.829154

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

Reference Location:

Facility Type: PIPELINE

☐ Facility/Location ID No _____

Spill/Release Point Name: sales meter line

☒ 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? No

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

Estimated Oil Spill Volume(bbl): Unknown

Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): Unknown

Estimated Produced Water Spill Volume(bbl): Unknown

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: 22 degrees F / Sunny

Surface Owner: FEE

Other(Specify): Williams

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):

On Saturday, January 26th, 2019 at 8:15am Mustang received a call regarding a potential leak in a gas line. The call was initiated by Williams to Mustang's 800 emergency service, who in turn immediately reached a Mustang representative. Mustang field personnel arrived at the location at approximately 10:30am and conducted a pressure test. The line was immediately blown down and the field shut-in. It was determined that a potential leak is located in an isolated location upstream of a sales meter. Mustang contacted COGCC and met Steven Arauza and Richard Murray with COGCC at the location on 1/31/2019. Mustang has contacted the appropriate contractors to initiate a subsurface investigation and anticipates that this work will begin within 48 hours pending access due to frozen ground. This is a gas line and there is no confirmed impact to soils.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/31/2019	Garfield County	Kirby Wynn	970-945-1377	Mr. Wynn was notified via email that a Form 19 Spill Report was submitted. Mustang provided the COGCC Document number.
2/1/2019	Clough Sheep Co	Dan Snyder	970-618-7749	Surface Owner - SGM contacted Mr. Snyder via phone. Owner would like updates.
1/31/2019	Williams	Annette Garrigues	970-618-3329	Williams EH&S Specialist on site.
1/31/2019	Williams	Gregory Anoa	970-263-2744	Williams EH&S Specialist on site.

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: 02/08/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	1	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: Estimated 1 to 5 bbls of dry natural gas condensate, max amount isolated pipe held was 5.6 bbls

Was spill/release completely contained within berms or secondary containment? NO 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): 20 Width of Impact (feet): 15

Depth of Impact (feet BGS): 7 Depth of Impact (inches BGS): _____

How was extent determined?

OPERATOR COMMENTS:

For areas impacted by the spill reported on 1/31/19 (not including additional historical spill findings), Mustang Resources will work with Williams and Summit Mid-Stream to continue excavation and soil disposal efforts if soil sample results (from Sites 1-7) indicate values exceeding levels in Table 910-1.

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

Signed: _____ Print Name: Eric Petterson
Title: Environmental Team Lead Date: 02/08/2019 Email: ericp@sgm-inc.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401932663	TOPOGRAPHIC MAP
401932668	OTHER
401932747	ANALYTICAL RESULTS
401932750	ANALYTICAL RESULTS
401932763	OTHER
401932798	SITE MAP
401932801	OTHER

Total Attach: 7 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)