

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:

401933769

Date Received:

02/08/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

455006

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401618652

Initial Report Date: 04/24/2018 Date of Discovery: 04/23/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 4 TWP 1N RNG 65w MERIDIAN 6

Latitude: 40.075225 Longitude: -104.671056

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 331527
Spill/Release Point Name: Ruegge ☐ No Existing Facility or Location ID No.
Number: 4H-N165 ☐ 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? No

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

Estimated Oil Spill Volume(bbl): 0 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: 100-150 gallons of hydraulic fluid released

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: Cloudy with rain

Surface Owner: FEE Other(Specify): Bob Ruegge

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):

We had about a 100-150 gal Hydraulic oil spill, A ¾" hydraulic line to the cellar pump blew off on a crimped fitting in the sub causing hydraulic oil to spray in cellar and on ground around cellar and sub area it all ended up on the ground stabilization around cellar, Hand are currently squeegeeing it back into the cellar, and cleaning with pressure washers. A hydrovac truck came and cleaned out the cellar.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/24/2018	Weld County	g.marquez/t.swain	-	Emailed. No response yet
4/24/2018	Surface Owner	Bob Ruegge	307-6302989	Called and Emailed. No response 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: _____

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	0	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	2	2	<input type="checkbox"/>
specify: hydraulic fluid			
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) <input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet):		Width of Impact (feet):	
Depth of Impact (feet BGS):		Depth of Impact (inches BGS):	
How was extent determined?			
Release was confined area around the well head and cemented well cellar			
Soil/Geology Description:			
Release was confined area around the well head and cemented well cellar			
Depth to Groundwater (feet BGS) 0		Number Water Wells within 1/2 mile radius: 6	
If less than 1 mile, distance in feet to nearest		Water Well 1250 None <input type="checkbox"/>	Surface Water None <input checked="" type="checkbox"/>
		Wetlands None <input checked="" type="checkbox"/>	Springs None <input checked="" type="checkbox"/>

Livestock _____ None ☒Occupied Building 2000 None ☐

Additional Spill Details Not Provided Above:

All fluid was ceaned by hydo-vac the same day

CORRECTIVE ACTIONS#1 Supplemental Report Date: 02/08/2019Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

A ¾" hydraulic line to the cellar pump blew off on a crimped fitting in the sub causing

Describe measures taken to prevent the problem(s) from reoccurring:

Checking the fittings

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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:

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

Signed: _____ Print Name: David TewkesburyTitle: Environmental Coordinator Date: 02/08/2019 Email: david.tewkesbury@crestonepr.com**COA Type****Description****Attachment Check List****Att Doc Num****Name**

401933769	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401934175	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)