

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:

401934986

Date Received:

02/11/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

458796

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401827868

Initial Report Date: 11/06/2018 Date of Discovery: 11/02/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 9 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.154328 Longitude: -104.776604

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No _____

Spill/Release Point Name: Davis No Existing Facility or Location ID No.

Number: 9H-G266 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): 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: Treated water on drilling location

Land Use:

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

Weather Condition: Clear

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):

Hot Oilers were heating treated water on the staging pad. He was steaming his lines and must have created a pressure bubble. This caused a line to blow off the 10" water line that was supplying frac. He spilled about 70 bbl. of treated water. Half in, half out of containment. A vac truck was on location to suck up all fress standing fluid. The compacted base of the staging pad that was impacted by the release will be taken to the appropriate landfill when staging location is removed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/2/2018	Weld County	G. Marquez	-	Emailed. No response
11/6/2018	Land Owner	Jim Cannon	303-3217012	Left Voicemail. No Response.

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:	02/11/2019		
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	0	0	<input type="checkbox"/>	
specify: Biocide treated water				
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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 checked="" 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):		100	Width of Impact (feet): 75	
Depth of Impact (feet BGS):		0	Depth of Impact (inches BGS): 0	
How was extent determined?				
The extent was determined visually				
Soil/Geology Description:				
The soil on the the temporary completion/staging pad is compacted road base. Loaction is bermed.				
Depth to Groundwater (feet BGS)		0	Number Water Wells within 1/2 mile radius: 8	
If less than 1 mile, distance in feet to nearest		Water Well 1100	None <input type="checkbox"/>	Surface Water 900
		Wetlands 1000	None <input type="checkbox"/>	Springs _____
				None <input checked="" type="checkbox"/>

Livestock _____ None Occupied Building 1100 None

Additional Spill Details Not Provided Above:

--

CORRECTIVE ACTIONS#1 Supplemental Report Date: 02/11/2019Cause 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)

Hot Oilers were heating treated water on the staging pad. He was steaming his lines and must have created a pressure bubble. This caused a line to blow off the 10" water line that was supplying frac.

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

Inspect hose connections

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 27Form 27 Remediation Project No: 12447**OPERATOR COMMENTS:**

Unable to request closure as of now. Once temporary pad is not being used then soil will be taken to appropriate land fill and will work under the approved Form 27.

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: 02/11/2019 Email: david.tewkesbury@crestonepr.com**COA Type****Description**

--	--

Attachment Check List**Att Doc Num****Name**

401935239	AERIAL PHOTOGRAPH
-----------	-------------------

Total Attach: 1 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)