

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401946412

Date Received:

02/21/2019

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

460459

### 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>PETROSHARE CORPORATION</u>	Operator No: <u>10454</u>	<b>Phone Numbers</b>
Address: <u>9635 MAROON CIRCLE #400</u>		Phone: <u>(720) 256-8774</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</u>		Mobile: <u>( )</u>
Contact Person: <u>Meghan Grimes</u>		Email: <u>mgrimes@petrosharecorp.com</u>

#### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401888776

Initial Report Date: 12/29/2018 Date of Discovery: 12/28/2018 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 20 TWP 6S RNG 64W MERIDIAN 6

Latitude: 39.511875 Longitude: -104.576864

Municipality (if within municipal boundaries): \_\_\_\_\_ County: ELBERT

#### Reference Location:

Facility Type: OIL AND GAS LOCATION  Facility/Location ID No \_\_\_\_\_

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

Number: 33-20  Well API No. (Only if the reference facility is well) 05-039-06524

#### 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): >=5 and <100 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: 18 degrees, partly cloudy

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):

We were removing lines from the 33-20 and found the soil to be clearly contaminated by an historic spill. The affected area is 20' x 40' and is contaminated to a depth of 2'; More likely deeper, but that is the extent of our excavation at this time. Soil testing will determine the extent of contamination. We discovered this while removing the treater and lines from a P&A'd well: The Nordman Trust 33-20. We have stockpiled the contaminated soil and will have Tasman test that soil as soon as the locates are done on Monday. There are no free liquids in the contamination. Guessing leaking lines and vessels from the past caused this. We discovered 2 of the treaters had leaks when taken out of service and would have contributed to the contamination at some point in time.

**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: 02/21/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	_____	_____	<input checked="" type="checkbox"/>
FLOW BACK FLUID	_____	_____	<input checked="" type="checkbox"/>
OTHER E&P WASTE	_____	_____	<input checked="" 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): 60 Width of Impact (feet): 40

Depth of Impact (feet BGS): 16 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Impacted material was removed and disposed of off-Site. Confirmation soil samples collected from base and walls of native material of the excavation. Three base samples and all sidewalls were below regulatory standards and/or below laboratory detection limits. The base sample in the northwest corner of the excavation at 16 feet remains impacted (TPH - 577 mg/kg) See attachment. Delineation of the base beyond 16 feet will be conducted utilizing a trackhoe excavator and removed material will be disposed of at an off-Site location. Confirmation soil sample from the base will be collected, once confirmed below standards the excavation will be backfilled with clean material upon COGCC approval.

Soil/Geology Description:

silt, sand, clay

Depth to Groundwater (feet BGS) 35 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest  
Water Well \_\_\_\_\_ None  Surface Water \_\_\_\_\_ None   
Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None   
Livestock \_\_\_\_\_ None  Occupied Building \_\_\_\_\_ None

Additional Spill Details Not Provided Above:

Historical release observed while removing tank battery infrastructure under Form 27 401877493.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/21/2019

Cause 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)

During P&A activities of the Nordman Trust 33-20, the heater treaters and associated lines were removed along the west side of the tank battery location. Upon removal impacted soil was observed, which was mainly focused below the northwest heater location. Two of the treaters were observed to have noticeable leaking areas when removed. Additionally, several layers of abandoned piping ostensibly installed by previous operators and it appears they had encountered leaks and repaired them by abandoning existing lines and replacing them en mass. This is evidenced by the volumes of unused lines removed that far exceed the piping necessary for a facility of this size. It appears the facility was refabricated on at least 2 occasions after the original battery was commissioned.

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

The treaters are decommissioned and will not be reused. Also, the potential for future releases have been mitigated by the removal of abandoned and out-dated infrastructure, which will be replaced with new lines, valves, and equipment if/when the facility is rebuilt.

Volume of Soil Excavated (cubic yards): 1128

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 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:

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

Signed: \_\_\_\_\_ Print Name: Meghan Grimes  
Title: Regulatory Manager Date: 02/21/2019 Email: mgrimes@petrosharecorp.com

COA Type	Description

### Attachment Check List

Att Doc Num	Name
401946412	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401947132	SITE MAP
401947134	ANALYTICAL RESULTS
401947363	TOPOGRAPHIC MAP
401947577	FORM 19 SUBMITTED

Total Attach: 5 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)