

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:

401957070

Date Received:

03/01/2019

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

462451

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>VERDAD RESOURCES LLC</u>	Operator No: <u>10651</u>	Phone Numbers
Address: <u>5950 CEDAR SPRINGS ROAD</u>		Phone: <u>(970) 5715474</u>
City: <u>DALLAS</u>	State: <u>TX</u>	Zip: <u>75235</u>
Contact Person: <u>Dean Wagoner</u>		Mobile: <u>()</u>
		Email: <u>dwagoner@verdadoil.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401947666

Initial Report Date: 02/21/2019 Date of Discovery: 02/21/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 33 TWP 2N RNG 64W MERIDIAN 6

Latitude: 40.101500 Longitude: -104.561710

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

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 454345

Spill/Release Point Name: Jackson

☐ No Existing Facility or Location ID No.

Number: 02N-64W-33

☐ 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): >=100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: >=100 <=200 inside containment / >=5 <=10 outside containment

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: 20 degrees no wind

Surface Owner: FEE

Other(Specify): Janet & Galen Jackson

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):

Between 10:00pm and 3:00am someone entered location and opened the valves on both water tanks halfway. At 3:00am, when Verdad approved personnel arrived, they discovered the leaks and shut the valves. At 4:30am vacuum trucks were called. They sucked up all standing water outside and inside containment. By 7:00am roustabouts were also called to clean up the contaminated soil. The Sheriff's Department was called to report vandalism. Case number has not yet been assigned.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/21/2019	Surface owner	Ms. Jackson	-	Spoke on phone
2/21/2019	Weld county	Jason Maxey	970-4003579	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: 03/01/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	180	180	<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: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
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 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): <u>60</u>		Width of Impact (feet): <u>40</u>	
Depth of Impact (feet BGS): <u>1</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Extent of impact area was determined by observation of spill area. Depth impact was determined by excavation of impacted soil and use of PID and soil samples will be analyzed for confirmation of clean up.			
Soil/Geology Description:			
Road base and native soil in the ditch and berm captured the spill before it left location.			
Depth to Groundwater (feet BGS) <u>8</u>		Number Water Wells within 1/2 mile radius: <u>17</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>170</u> None <input type="checkbox"/>	Surface Water <u>100</u> None <input type="checkbox"/>
Wetlands _____		None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>

Livestock 522 None ☐Occupied Building 522 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS#1 Supplemental Report Date: 03/01/2019Cause of Spill (Check all that apply) ☐ Human Error ☐ Equipment Failure ☐ Historical-Unknown
☒ Other (specify) vandalism

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

Between 10:00pm and 3:00am someone entered location and opened the valves on both water tanks halfway. At 3:00am, when Verdad approved personnel arrived, they discovered the leaks and shut the valves. At 4:30am vacuum trucks were called. They sucked up all standing water and outside and inside containment. By 7:00am roustabouts were also called to clean up the contaminated soil. The Sheriff's Department was called to report vandalism. Case number 19W007133. Root cause was no locks on the produced water valves to prevent the vandalism from occurring easily.

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

Locks were installed on the valves and we are looking into surveillance cameras for this location and others.

Volume of Soil Excavated (cubic yards): 80Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____Volume of Impacted Ground Water Removed (bbls): 0Volume 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: Dean WagonerTitle: EH&S Coordinator Date: 03/01/2019 Email: dwagoner@verdadoil.com**COA Type****Description****Attachment Check List**

Att Doc Num	Name
401957070	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401957377	AERIAL PHOTOGRAPH
401957378	DISPOSAL MANIFEST

401957441	FORM 19 SUBMITTED
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Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)