

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:

401944114

Date Received:

02/20/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

463362

SPILL/RELEASE REPORT (INITIAL /w 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# 401944114

Initial Report Date: 02/19/2019 Date of Discovery: 02/19/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 25 TWP 1N RNG 66w MERIDIAN 6

Latitude: 40.018895 Longitude: -104.733852

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL PAD ☐ Facility/Location ID No
 Spill/Release Point Name: Sam ☐ No Existing Facility or Location ID No.
 Number: 25H-166M ☒ Well API No. (Only if the reference facility is well) 05-123-46124

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? 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: Biocide treated water

Land Use:

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

Weather Condition: clear cold

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):

While pumping stage 1 frac well pressure increased to 8950 psi causing burst disc to fail, the line from the burst disc dumps into a relief tank. The relief tank overflowed and dumped approx. 10 bbls of treated fresh water on containment. Well was shut in and fluid picked up immediately with a vacuum truck. All fluid was confined to lined containmnet.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/19/2019	Landowner	Robert Lemke	303-7731005	No answer. Left voicemail requesting a call back
2/19/2019	Weld County	J.Maxey, G.Marquez	-	emailed. Acknowledged recieveing notification

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: 02/19/2019		
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? 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): 0 Width of Impact (feet): 0

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS):

How was extent determined?

extent was determined visually. All fluid was confined to lined containmnet.

Soil/Geology Description:

No treated water came into contact with the soil. All fluid was confined to lined containmnet.

Depth to Groundwater (feet BGS) 0 Number Water Wells within 1/2 mile radius: 24

If less than 1 mile, distance in feet to nearest Water Well 170 None ☐ Surface Water None ☒

☒ ☒

Wetlands _____ None _____ Springs _____ None _____
Livestock _____ None ☒ Occupied Building 950 None ☐

Additional Spill Details Not Provided Above:

While pumping stage 1 frac well pressure increased to 8950 psi causing burst disc to fail, the line from the burst disc dumps into a relief tank. The relief tank overflowed and dumped approx. 10 bbls of treated fresh water on containment. Well was shut in and fluid picked up immediately with a vacuum truck. All fluid was confined to lined containmnet.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	02/19/2019		
Cause of Spill (Check all that apply)				
<input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown				
<input type="checkbox"/> Other (specify) _____				
Describe Incident & Root Cause (include specific equipment and point of failure)				
<div>burst disc to fail, the line from the burst disc dumps into a relief tank</div>				
Describe measures taken to prevent the problem(s) from reoccurring:				
<div>Monitoring pressure</div>				
Volume of Soil Excavated (cubic yards): <u>0</u>				
Disposition of Excavated Soil (attach documentation)				
<input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment				
<input type="checkbox"/> Other (specify) _____				
Volume of Impacted Ground Water Removed (bbls): <u>0</u>				
Volume of Impacted Surface Water Removed (bbls): <u>0</u>				

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:

All treated water was confined to lined containment and was removed using a vac truck immediately.			
I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.			
Signed: _____		Print Name: <u>David Tewkesbury</u>	
Title: <u>Environmental Coordinator</u>	Date: <u>02/20/2019</u>	Email: <u>david.tewkesbury@crestonepr.com</u>	

COA Type

Description

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Attachment Check List

Att Doc Num	Name
401944114	SPILL/RELEASE REPORT(I/S)
401976114	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)