

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401983850

Date Received:

03/25/2019

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

459642

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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	Phone Numbers Phone: <u>(720) 4406100</u> Mobile: <u>()</u> Email: <u>BDodek@Bonanzacrk.com</u>
Address: <u>410 17TH STREET SUITE #1400</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Brian Dodek</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401865612

Initial Report Date: 12/07/2018 Date of Discovery: 12/07/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 21 TWP 5N RNG 63W MERIDIAN 6

Latitude: 40.381702 Longitude: -104.445464

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

Reference Location:

Facility Type: WELL PAD

☒ Facility/Location ID No 455363

Spill/Release Point Name: North Platte I-21 Completions

☐ No Existing Facility or Location ID No.

Number: _____

☐ 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): >=1 and <5

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Completion fluid

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Clear, 20's

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):

A piece of piping used for completion operations washed out and released approximately 5 bbls of completion fluid to the plated well pad surface. The release was fully contained to the well pad. Operations were immediately shutdown and the failed section of piping was replaced. The remaining string of piping was inspected prior to being put back in service. A roustabout crew has been mobilized to remove the impacted soil.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/7/2018	Weld County	Roy Rudisill	-on file	notified of release
12/7/2018	Land Owner	70 Ranch	-on file	notified of release

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: 03/25/2019		
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	5	0	<input type="checkbox"/>
specify: Completion Fluid			
Was spill/release completely contained within berms or secondary containment? NO 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 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): 65	
Depth of Impact (feet BGS):		Depth of Impact (inches BGS): 6	
How was extent determined?			
The extent of the release was determined through visual delineation and laboratory analysis.			
Soil/Geology Description:			
Valent Sands, 3-9% slopes			
Depth to Groundwater (feet BGS) 25		Number Water Wells within 1/2 mile radius: 0	
If less than 1 mile, distance in feet to nearest		Water Well 4121 None <input type="checkbox"/>	Surface Water 1957 None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs None <input checked="" type="checkbox"/>

Livestock _____ None ☒Occupied Building 3814 None ☐

Additional Spill Details Not Provided Above:

All of the impacted soil was removed and hauled to a COGCC approved disposal facility. Confirmation soil samples were collected and submitted for laboratory analysis. Analytical results indicate compliance with COGCC Table 910-1 concentration levels. BCEOC requests a no further action determination.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/25/2019

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)

A piece of piping used for completion operations washed out.

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

The contracotor whose equipment failed was coached on properly inspecting and maintaining equipment prior to putting it in service.

Volume of Soil Excavated (cubic yards): 92

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:

The depth to groundwater is estimated because there were not any groundwater wells within a mile radius with a static water level included on the DWR website.

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

Signed: _____ Print Name: Brian DodekTitle: Env. Manager Date: 03/25/2019 Email: BDodek@Bonanzacrk.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

401984028	ANALYTICAL RESULTS
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Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)