

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:

402015097

Date Received:

04/19/2019

**SPILL/RELEASE REPORT (INITIAL)**

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.

Spill report taken by:

Spill/Release Point ID:

**OPERATOR INFORMATION**

Name of Operator: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Operator No: <u>10633</u>	<b>Phone Numbers</b>
Address: <u>1801 CALIFORNIA STREET #2500</u>		Phone: <u>(303) 744-3985</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(720) 236-5525</u>
Contact Person: <u>David Tewkesbury</u>		Email: <u>David.Tewkesbury@crestonePR.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 402015097

Initial Report Date: 04/19/2019 Date of Discovery: 04/19/2019 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SESE SEC 7 TWP 3N RNG 65W MERIDIAN 6

Latitude: 40.235297 Longitude: -104.700378

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

**Reference Location:**

Facility Type: TANK BATTERY  Facility/Location ID No 323309

Spill/Release Point Name: WARDELL B-63N65W 7SESE  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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): >=5 and <100

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: 50's and sunny

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):

During maintenance activities at the WARDELL B-63N65W 7SESE tank battery (Location: 323309), a 2-inch split was noted on a valve on the drain side of a production tank, leading to the release of approximately 26 barrels of condensate inside the steel berm. Impacted material is in the process of being removed. Vertical and horizontal definition will be pursued with conventional excavation, and clearance samples will be collected from the base and sidewalls of the excavation. The well and associated tank battery will be removed from production and prepared for site reclamation.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
4/19/2019	Weld County	Jason Maxey	-	Email Notification
4/22/2019	Landowner		-	

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: \_\_\_\_\_

**OPERATOR COMMENTS:**

Due to the holiday, the landowner will be contacted on Monday (April 22, 2019). Site investigation activities and documentation, including lab results, will be provided in a supplemental Form 19 following successful conclusion of remediation.

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

Signed: \_\_\_\_\_ Print Name: Maggie Graham

Title: Senior Project Manager Date: 04/19/2019 Email: maggie.graham@apexcos.com

**COA Type**

**Description**

COA Type	Description

**Attachment Check List**

**Att Doc Num**

**Name**

402015203	SITE MAP
402015206	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)