

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402019526

Date Received:

04/24/2019

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

461898

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 |
| Address: <u>410 17TH STREET SUITE #1400</u> | | Phone: <u>(720) 4406100</u> |
| City: <u>DENVER</u> | State: <u>CO</u> | Zip: <u>80202</u> |
| Contact Person: <u>Brian Dodek</u> | | Mobile: <u>()</u> |
| | | Email: <u>BDodek@Bonanzacrk.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401931277

Initial Report Date: 02/06/2019 Date of Discovery: 01/25/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 17 TWP 5N RNG 62W MERIDIAN 6

Latitude: 40.397803 Longitude: -104.353357

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

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 420920
 Spill/Release Point Name: ANT 13-17 Offpad Discharge ☐ 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): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): >=5 and <100 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Unknown illegal discharge (Non-Bonanza) of fluid

Land Use:

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

Weather Condition: 22 degrees, clear

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):

Bonanza creek personnel reported a suspicious looking fluid transport truck parked on a remote location. Later in the day personnel stopped at the location to investigate. Bonanza personnel observed tire tracks backed to the edge of the location and evidence of a fluid discharge off location into the adjacent grassland. Bonanza contacted the COGCC to verbally report the release. The Form 19 was not submitted immediately as Bonanza set up surveillance equipment to attempt to catch a subsequent event in progress. If caught, Bonanza would have asked the guilty party to report the release. Bonanza did not observe any additional discharge events and we are submitting a Form 19 to report the illegal discharge and begin cleanup of the release.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|----------|--------------|----------|----------|---------------------|
| 2/6/2019 | Landowner | 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: 04/24/2019 | | |
| 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 | | | <input checked="" type="checkbox"/> |
| specify: Unknown illegal discharge (Non-Bonanza) of 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): 120 | | Width of Impact (feet): 15 | |
| Depth of Impact (feet BGS): | | Depth of Impact (inches BGS): 4 | |
| How was extent determined? | | | |
| The extent of the release was determined through visual delineation and laboratory analysis. | | | |
| Soil/Geology Description: | | | |
| Valent sand, 3-9% slopes | | | |
| Depth to Groundwater (feet BGS) 25 | | Number Water Wells within 1/2 mile radius: 1 | |
| If less than 1 mile, distance in feet to nearest | | Water Well 1921 | None <input type="checkbox"/> Surface Water None <input checked="" type="checkbox"/> |
| | | Wetlands | None <input checked="" type="checkbox"/> Springs None <input checked="" type="checkbox"/> |
| | | Livestock | None <input checked="" type="checkbox"/> Occupied Building None <input checked="" type="checkbox"/> |

Additional Spill Details Not Provided Above:

The internal investigation stated in the previous supplemental eForm 19 did not lead to apprehension of the guilty party. The impacted soil was removed and confirmation soil samples were collected and submitted for laboratory analysis by BCEI. Analytical results indicate compliance with COGCC Rule 910-1. Bonanza Creek respectfully requests an NFA determination.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/24/2019

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)

An unknown party illegally dumped an unknown fluid off the edge of a Bonanza Creek location.

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

Bonanza Creek employees are trained to immediately report any suspicious activity.

Volume of Soil Excavated (cubic yards): 40

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: Brian Dodek

Title: Env Manager Date: 04/24/2019 Email: BDodek@Bonanzacrk.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

| | |
|-----------|--------------------|
| 402020509 | ANALYTICAL RESULTS |
|-----------|--------------------|

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)