

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401993295

Date Received:

04/05/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

463743

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>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Operator No: <u>10633</u>	Phone Numbers
Address: <u>1801 CALIFORNIA STREET #2500</u>		Phone: <u>(303) 7743985</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>David Tewkesbury</u>		Mobile: <u>(720) 2365525</u>
		Email: <u>David.Tewkesbury@CrestonePR.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401988917

Initial Report Date: 03/28/2019 Date of Discovery: 03/28/2019 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 19 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.128364 Longitude: -105.052209

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 322909

Spill/Release Point Name: ROSS F UNIT- 62N68W 19NWNW 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): >=1 and <5 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: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): Private landowner

Weather Condition: 60'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):

While removing flowlines from the tank battery in preparation for site reclamation, historical suspected soil impacts were observed. Vertical and horizontal definition were pursued with conventional excavation, and clearance samples were collected from the bottom of and sidewalls of the excavation. A groundwater samples was also collected from the base of the excavation.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/28/2019	Weld County	Jason Maxey	-	Email notification
3/28/2019	Landowner		-	Verbal 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: 04/05/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" 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: _____

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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 50 Width of Impact (feet): 30

Depth of Impact (feet BGS): 11 Depth of Impact (inches BGS): _____

How was extent determined?

The extent of impacts was determined through removing visually impacted soil and sampling the extent of the impacted area. Soil samples were submitted to an accredited laboratory for analysis of total petroleum hydrocarbons (TPH), benzene, toluene, ethylbenzene, and total xylenes (BTEX). One groundwater sample was also submitted to an accredited laboratory for BTEX analysis. No groundwater was removed from the excavation prior to sampling. Laboratory analysis confirmed TPH and BTEX soil concentrations below COGCC Table 910-1 allowable levels and BTEX groundwater concentrations below COGCC Table 910-1 allowable levels.

Soil/Geology Description:

Nunn Clay Loam

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest Water Well 1300 None Surface Water 1550 None

Wetlands _____ None

Springs _____ None

Livestock _____ None

Occupied Building 1150 None

Additional Spill Details Not Provided Above:

Empty rectangular box for additional spill details.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/05/2019

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)

While removing flowlines from the tank battery, potential historical soil impacts were observed. It appears that equipment failure of the flowline above the sample area caused a discharge of fluids, resulting in visual soil impacts.

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

The entire site is being decommissioned and will be reclaimed.

Volume of Soil Excavated (cubic yards): _____

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 Form 19 Supplemental is being submitted to document the remediation efforts conducted at the site to date, and to update the COGCC on the analytical sampling results. Additional excavation activities are not anticipated based on the sample analytical results. Please find attached a topographic map, facility site map, and laboratory analytical results. An additional Form 19 Supplemental will be submitted with disposal volumes and waste manifests when they become available. At that time we will request no further action (NFA).

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: 04/05/2019 Email: Maggie.Graham@apexcos.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
401993295	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401998127	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	The operator's request to close the subject spill report, on the basis of corrective actions being completed, is denied. A Condition of Approval requiring that the operator submit a Form 27 was applied to the related Form 19 Initial Report (Document No. 401988917) on 04/02/2019. As 04/05/2019 (date the subject Form 27 Supplemental Report was submitted) the required Form 27 has not been submitted.	04/26/2019

Total: 1 comment(s)