

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:

402044815

Date Received:

05/15/2019

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

451754

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>SRC ENERGY INC</u>	Operator No: <u>10311</u>	Phone Numbers
Address: <u>1675 BROADWAY SUITE 2600</u>		Phone: <u>(970) 4755220</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Dave Castro</u>		Email: <u>dcastro@srcenergy.co</u> <u>m</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401380055

Initial Report Date: 08/17/2017 Date of Discovery: 08/17/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 1 TWP 6N RNG 59W MERIDIAN 6

Latitude: 40.523419 Longitude: -103.925724

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

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 440990
 Spill/Release Point Name: Conrad ☐ No Existing Facility or Location ID No.
 Number: 44-1 ☐ 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): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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: Partly Cloudy

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 gasket on the fire tube of the heater treater failed resulting in an estimated 10 bbls of oil and 10 bbls of water to be released to surface of well pad. The well was shut in to prevent further release of produced fluids. Clean-up operations included using vacuum truck to suck off free liquids. An estimated volume of 15 bbls was recovered. In addition, impacted soils will be removed from location and disposed of. The heater treater will be removed from service and replaced with a newer separator.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/17/2017	COGCC	Rob Young	303-5231282	Email and Voicemail
8/17/2017	COGCC	Rick Allison	970-4612970	Email
8/17/2017	Morgan County	Pam Cherry	970-5423526	Email
8/17/2017	Land Owner	Gene Wirth	970-7681548	Phone Call

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: _____

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/15/2019
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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)

The gasket on the clean-out plate of the heater treater failed. This caused the release of the fluids. The material of the gasket had deteriorated over time due to contact with produced fluids.

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

Heater treater was removed.

Volume of Soil Excavated (cubic yards): 65

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:

Request for closure. 8/23/17 soil sample results and 5/14/19 SS02 re-sample at a depth of 13" results confirm all impacted material was removed from the location when the top 12' of the impacted area was scraped and hauled off in August 2017.

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

Signed: _____ Print Name: Dave Castro

Title: Sr. Env. Specialist Date: 05/15/2019 Email: dcastro@srcenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402044815	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402044832	SITE MAP
402044833	ANALYTICAL RESULTS
402044835	ANALYTICAL RESULTS
402044837	ANALYTICAL RESULTS
402046320	FORM 19 SUBMITTED

Total Attach: 6 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)