

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:

402051661

Date Received:

05/28/2019

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

437560

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: SEELEY OIL COMPANY LLC	Operator No: 10506	Phone Numbers
Address: PO BOX 9015		Phone: (970) 5652136
City: SALT LAKE State: UT Zip: 84109		Mobile: ()
Contact Person: Nathaniel Seeley		Email: nathaniel@seeleyoil.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400621500

Initial Report Date: 06/05/2014 Date of Discovery: 06/01/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 1 TWP 38N RNG 20W MERIDIAN N

Latitude: 37.585793 Longitude: -109.007666

Municipality (if within municipal boundaries): County: DOLORES

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: _____ No Existing Facility or Location ID No.

Number: _____ Well API No. (Only if the reference facility is well) 05-033-06093

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): >=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: OTHER Other(Specify): Injection Well

Weather Condition: Clear & Gusty Winds

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 leak occurred in the injection line 90ft north of the wellhead. Brine water flowed in a narrow path to the southwest corner of the location where it mixed with an existing puddle of rain water into a 25' x 20' area. The spill was fully contained on the location. The injection pump was not running when the leak was found, it had gone down on low tank level. The injection line was closed off. 8 bbls of water were recovered with a vac truck. The extent of the contamination area was determined visually and with shovels. No further remediation activities are proposed. The injection line will be replaced to prevent problem from recurring.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/1/2014	COGCC	Jim Hughes	970-882-5616	Left voice message
			-	

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: _____

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:

Seeley Oil Company acquired this property from QEP Resources effective 12/1/2018. This Supplemental report is being filed to facilitate approval of the Form 10.

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

Signed: _____ Print Name: Nathaniel Seeley

Title: VP Date: 05/28/2019 Email: nathaniel@seeleyoil.com

COA Type	Description

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)