

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:

402046100

Date Received:

05/20/2019

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.

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

464355

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# 402040698

Initial Report Date: 05/10/2019 Date of Discovery: 05/10/2019 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 34 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.007764 Longitude: -104.875555

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 459289

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

Number: 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? No

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): >=1 and <5

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): _____

Weather Condition: Sunny clear 50 deg F

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 produced water vessel closure assessment activities (following approved Form 27 - Rem #13328), historical soil impacts were discovered. Further assessment and remediation of impacted media will be scheduled.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/10/2019	COGCC	John Axelson	303-8942100	Emailed. Acknowledged notification
5/10/2019	Weld County	J.Maxey/G.marquez	-	Emailed. Acknowledged notification
5/10/2019	Land Owner	Clifford Wagner	303-6593385	Acknowledged 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: 05/16/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER			<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 10 Width of Impact (feet): 10

Depth of Impact (feet BGS): 17 Depth of Impact (inches BGS): _____

How was extent determined?

The extent was determined through soil sampling as part of assessment activities completed by Eagle Environmental. Further assessment and remediation is required. 1" slotted PVC was set in the soil boring and will be checked to determine if groundwater has been encountered. If groundwater is observed, a sample will be collected.

Soil/Geology Description:

Sandy Clay - Clayey Sand

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest Water Well 327 None Surface Water 30 None

Wetlands _____ None

Springs _____ None

Livestock 3325 None

Occupied Building 2750 None

Additional Spill Details Not Provided Above:

Empty box for additional spill details.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/16/2019

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)

Historical impacts were discovered during water vault soil boring assessment activities.

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

Crestone Peak Resources implements routine AVO inspections of all facilities.

Volume of Soil Excavated (cubic yards): 0

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: 13328

OPERATOR COMMENTS:

Empty box for 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: David Tewkesbury

Title: Environmental Specialist Date: 05/20/2019 Email: david.tewkesbury@crestonepr.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num	Name
402046100	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402046252	TOPOGRAPHIC MAP
402046259	AERIAL PHOTOGRAPH
402046260	SITE MAP

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)