

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

402058199

Date Received:

05/30/2019

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

460459

## 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>PETROSHARE CORPORATION</u>	Operator No: <u>10454</u>	<b>Phone Numbers</b>
Address: <u>9635 MAROON CIRCLE #400</u>		Phone: <u>(303) 500-1160</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</u>		Mobile: <u>( )</u>
Contact Person: <u>Devin Brown</u>		Email: <u>dbrown@petrosharecorp.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401888776

Initial Report Date: 12/29/2018 Date of Discovery: 12/28/2018 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 20 TWP 6S RNG 64W MERIDIAN 6

Latitude: 39.511875 Longitude: -104.576864

Municipality (if within municipal boundaries): \_\_\_\_\_ County: ELBERT

#### Reference Location:

Facility Type: OIL AND GAS LOCATION

☐ Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: Nordman Trust

☐ No Existing Facility or Location ID No.

Number: 33-20

☒ Well API No. (Only if the reference facility is well) 05-039-06524

#### 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): 0

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: 18 degrees, 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):

We were removing lines from the 33-20 and found the soil to be clearly contaminated by an historic spill. The affected area is 20' x 40' and is contaminated to a depth of 2'; More likely deeper, but that is the extent of our excavation at this time. Soil testing will determine the extent of contamination. We discovered this while removing the treater and lines from a P&A'd well: The Nordman Trust 33-20. We have stockpiled the contaminated soil and will have Tasman test that soil as soon as the locates are done on Monday. There are no free liquids in the contamination. Guessing leaking lines and vessels from the past caused this. We discovered 2 of the treaters had leaks when taken out of service and would have contributed to the contamination at some point in time.

**List Agencies and Other Parties Notified:**

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:	05/29/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL			<input checked="" type="checkbox"/>	
CONDENSATE			<input checked="" type="checkbox"/>	
PRODUCED WATER			<input checked="" 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): 60 Width of Impact (feet): 30

Depth of Impact (feet BGS): 16 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Excavating activities are being guided in the field by screening soil for volatile organic compound (VOC) concentrations using a photoionization detector (PID). Soil excavation activities are ongoing and will be summarized in a forthcoming Supplemental Form 27 Site Investigation and Remediation Workplan, under Remediation # 12216.

Soil/Geology Description:

Silt, sand, and clay

Depth to Groundwater (feet BGS) 35 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>2550</u>	None <input type="checkbox"/>	Surface Water	<u>4000</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock		None <input checked="" type="checkbox"/>	Occupied Building	<u>3175</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Historical release observed while removing tank battery infrastructure under approved Form 27 401877493 (Rem#12216)

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 05/29/2019
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure)	
During P&A activities at the Nordman Trust 33-20 production facility, the heater-treaters and associated lines were removed along the west side of the tank battery location. Upon removal, impacted soil was observed, primarily below the northwest heater location. Two of the treaters were observed to have noticeable leaking areas when removed.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The treaters are decommissioned and will not be reused. The potential for future releases has been mitigated by the removal of abandoned and out-dated infrastructure, which will be replaced with new lines, valves, and equipment if/when the facility is rebuilt.	
Volume of Soil Excavated (cubic yards): 1128	
Disposition of Excavated Soil (attach documentation) <input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> 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: 12216

## OPERATOR COMMENTS:

Release Point Coordinates: 39.514163, -104.574875
Remediation and excavation activities will continue under approved Form 27 401877493 (Rem#12216)
I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.
Signed: _____ Print Name: Devin Brown
Title: Operations Manager Date: 05/30/2019 Email: dbrown@petrosharecorp.com

## COA Type

## Description

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## Attachment Check List

Att Doc Num	Name
402058199	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402060724	FORM 19 SUBMITTED

Total Attach: 2 Files

## General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)