

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:

402064867

Date Received:

06/04/2019

SPILL/RELEASE REPORT (INITIAL)

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:

465115

OPERATOR INFORMATION

Name of Operator: <u>ROCKY MOUNTAIN MIDSTREAM LLC</u>	Operator No: <u>10716</u>	Phone Numbers
Address: <u>ONE WILLIAMS CENTER</u>		Phone: <u>(720) 4425307</u>
City: <u>TULSA</u> State: <u>OK</u> Zip: <u>74172</u>		Mobile: <u>(303) 9561879</u>
Contact Person: <u>Ron Hudson</u>		Email: <u>ron.hudson@williams.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402064867

Initial Report Date: 06/04/2019 Date of Discovery: 05/31/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 33 TWP 1N RNG 66W MERIDIAN 6

Latitude: 40.002880 Longitude: -104.772975

Municipality (if within municipal boundaries): N/A County: WELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 449521

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

Number: 06-370-HC 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? No

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 and <1 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: 75 Degrees and Sunny

Surface Owner: OTHER (SPECIFY) Other(Specify): Great Western via SUA with Terry Mann

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 mechanical gauge pressure failed allowing for a crude oil leak. Shutdown of the LACT facility to stop spill and proceeded to hydrovac spilled material and impacted soil.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/31/2019	Env Servces	Acme Oil Field Services	970-539-8304	Provided onsite cleanup services
6/3/2019	Property Owner	Terry Mann	-	notified of spill occurance by Great Western

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: _____

OPERATOR COMMENTS:

Follow up sampling at the site has been scheduled for 6/8/2019

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

Signed: _____ Print Name: Ron Hudson

Title: Environmental Specialist Date: 06/04/2019 Email: ron.hudson@williams.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

402064867	SPILL/RELEASE REPORT(INITIAL)
402068417	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)