

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402084752

Date Received:

06/24/2019

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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>EWS 4 DJ BASIN LLC</u>	Operator No: <u>10649</u>	Phone Numbers
Address: <u>2015 CLUBHOUSE DR SUITE 201</u>		Phone: <u>(970) 515-6950</u>
City: <u>GREELEY</u>	State: <u>CO</u>	Zip: <u>80634</u>
Contact Person: <u>Jim Goddard</u>		Mobile: <u>(970) 381-5005</u>
		Email: <u>jgoddard@expedition-water.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402084752

Initial Report Date: 06/23/2019 Date of Discovery: 06/15/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 17 TWP 2N RNG 63W MERIDIAN 6

Latitude: 40.136475 Longitude: -104.464560

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

Reference Location:

Facility Type: OTHER ☒ Facility/Location ID No 160002

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

Number: _____ ☐ 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): >=1 and <5

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): Industrial

Weather Condition: Lightning and stormy.

Surface Owner: OTHER (SPECIFY) Other(Specify): EWS is the owner.

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):

6/21/2019 @ 21:03:07 Lightning struck one of the system tanks and caught fire the fire spread within the concrete containment area burning approximately 23 tanks. The fresh water used by the fire department to put the fire out had collected in the berm and eventually overflowed the berm into our swell surrounding our facility. The product then made its way to the retention pond where everything outside of the concrete berm was contained. Once the fire was out and supply water for the fire department was shut off the over flow halted. Recovery started several hours later once the fire department gave their ok. We first put a dirt berm at the entrance to our retention pond along with several others spots in the swell. A vac truck was used to vac the product up off the ground in the swell. The pond was skimmed for product and then we used several vac trucks to extract the water from inside the berm.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/21/2019	Fire Department	Tom Beach	970-539-0874	Fire trucks dispatched

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: 06/24/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	5	5	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	100	100	<input 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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 300		Width of Impact (feet): 5	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): 6	
How was extent determined?			
Measured			
Soil/Geology Description:			
Sandy Loom			
Depth to Groundwater (feet BGS) 23		Number Water Wells within 1/2 mile radius: 1	
If less than 1 mile, distance in feet to nearest		Water Well	None <input checked="" type="checkbox"/>
		Wetlands	None <input checked="" type="checkbox"/>
		Livestock	None <input checked="" type="checkbox"/>
		Surface Water	None <input checked="" type="checkbox"/>
		Springs	None <input checked="" type="checkbox"/>
		Occupied Building	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/24/2019

Cause of Spill (Check all that apply) ☐ Human Error ☐ Equipment Failure ☐ Historical-Unknown
☒ Other (specify) Lightning

Describe Incident & Root Cause (include specific equipment and point of failure)

Lightning struck vent on system tank and lost a total of 24 tanks during the fire.

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

Checking into why the lightning suppression did not work.

Volume of Soil Excavated (cubic yards): 20

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:

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

Signed: Print Name: Jenny Goddard

Title: Office Manager Date: 06/24/2019 Email: jcgoddard@expedition-water.com

COA Type

Description

Attachment Check List

Att Doc Num Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)