

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:

402084752

Date Received:

06/24/2019

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

465620

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>		Mobile: <u>(970) 381-5005</u>
Contact Person: <u>Jim Goddard</u>		Email: <u>igoddard@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 448946

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	<u>5</u>	<u>5</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>100</u>	<u>100</u>	<input 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): 300 Width of Impact (feet): 5

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

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

Additional Spill Details Not Provided Above:

Empty box for additional spill details.

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 supression 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:

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

COA Type	Description
	Total volume of fluid collected must be provided on a supplemental 19. Fluids involved in the release include all fire fighting waters (estimated at 200,000 gals) in addition to all produced water lost to tank damage. Provide this volume on a supplemental 19.
	Stained areas of soils and the entire storm water control ditch (and retention pond) involved in the release must be cleaned and soils sampled for demonstration of clean-up. At least one round of GW sampling of the site monitoing well network must be done to evaluate possible release of contamination to the shallow GW at the site. This work must be completed no later than 7/30/2019. Results must be provided as supplemental report(s) no later than August 15, 2019.

Attachment Check List

Att Doc Num **Name**

402084752	SPILL/RELEASE REPORT(I/S)
402086543	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)