

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:

402110505

Date Received:

07/16/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

453136

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: CRESTONE PEAK RESOURCES OPERATING LLC | Operator No: 10633 | Phone Numbers Phone: (303) 7743985 Mobile: (720) 2365525 Email: david.tewkesbury@crestonepr.com |
| Address: 1801 CALIFORNIA STREET #2500 | | |
| City: DENVER | State: CO Zip: 80202 | |
| Contact Person: David Tewkesbury | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401450713

Initial Report Date: 11/06/2017 Date of Discovery: 11/05/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 20 TWP 1N RNG 68W MERIDIAN 6

Latitude: 40.031948 Longitude: -105.021806

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL ☒ Facility/Location ID No 335663

Spill/Release Point Name: Edward P Costigan ☐ No Existing Facility or Location ID No.

Number: 335663 ☐ 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: 4 bbls produced water

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: Clear

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):

While working the route in routine fashion spill was identified by lease operator. An engineering fix was put into place but did not hold, releasing 4 bbls of produced water. Water was vac'd and disposed of immediately.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 11/6/2017 | COGCC | Chris Canfield | - | Email |
| 11/6/2017 | County | Troy Swain | - | Email |
| 11/6/2017 | County | G Marquez | - | Email |

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: _____

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: 13805

OPERATOR COMMENTS:

This is being submitted to close the release. Work will be completed under the approved Form 27, Rem # 13801.

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: 07/16/2019 Email: david.tewkesbury@crestonepr.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 402110573 | AERIAL PHOTOGRAPH |
|-----------|-------------------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)