

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

402109910

Date Received:

07/16/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

465922

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: GREAT WESTERN OPERATING COMPANY LLC	Operator No: 10110	Phone Numbers Phone: (720) 595-2078 Mobile: () Email: bhuggins@gwogco.com
Address: 1001 17TH STREET #2000		
City: DENVER	State: CO Zip: 80202	
Contact Person: Ben Huggins		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402097825

Initial Report Date: 07/06/2019 Date of Discovery: 07/05/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 7 TWP 1S RNG 67W MERIDIAN 6

Latitude: 39.983893 Longitude: -104.934028

Municipality (if within municipal boundaries): County: ADAMS

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 452914
Spill/Release Point Name: B-Farm ☐ 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): 0	Estimated Condensate Spill Volume(bbl): >=100
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: CROP LAND Other(Specify):
Weather Condition: Clear to Partly Cloudy, 80s F
Surface Owner: OTHER (SPECIFY) Other(Specify): Private

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):

During well unloading a tank overfilled and approximately 117 barrels of oil (condensate) were released. The spill was contained on location, the condensate was recovered, and impacted soil was removed on July 5, 2019.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/5/2019	COGCC	Chris Canfield	720-347-7484	
7/5/2019	Adams County	Christine Dougherty	720-523-6891	
7/5/2019	Adams County	Jennifer Rutter	720-523-6841	
7/5/2019	Adams County	KHuck	-	
7/5/2019	Land Owner	Mike & Mark Stonehocker	-	

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: 07/05/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	117	77	<input type="checkbox"/>
PRODUCED WATER	0	0	<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? YES 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): 110 Width of Impact (feet): 80

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

How was extent determined?

Visual staining, field screening using photoionization detector, confirmation soil sampling

Soil/Geology Description:

Platner Loam with 3-5% slopes.

Depth to Groundwater (feet BGS) 22

Number Water Wells within 1/2 mile radius: 32

If less than 1 mile, distance in feet to nearest

Water Well 742 None ☐

Surface Water 3780 None ☐

Wetlands 670 None ☐

Springs None ☒

Livestock None ☒

Occupied Building 714 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/05/2019

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

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

During well unloading, a tank overfilled and approximately 117 barrels of condensate were released.

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

Great Western conducted additional training to ensure the incident would not reoccur.

Volume of Soil Excavated (cubic yards): 80

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: Trent Watne

Title: Project Scientist Date: 07/16/2019 Email: twatne@olsson.com

COA Type

Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402109910	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402109927	TOPOGRAPHIC MAP
402120889	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)