

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

402101862

Date Received:

07/10/2019

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

459792

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: <u>UTAH GAS OP LTD DBA UTAH GAS CORP</u>	Operator No: <u>10539</u>	Phone Numbers
Address: <u>1125 ESCALANTE DR</u>		Phone: <u>(970) 2902912</u>
City: <u>RANGELY</u>	State: <u>CO</u>	Zip: <u>81648</u>
Contact Person: <u>Steve Hale</u>		Mobile: <u>()</u>
		Email: <u>shale@utahgascorp.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401870624

Initial Report Date: 12/11/2018 Date of Discovery: 12/11/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 5 TWP 3S RNG 101W MERIDIAN 6Latitude: 39.815622 Longitude: -108.762570Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No _____Spill/Release Point Name: Douglas Creek Unit #1 ☐ No Existing Facility or Location ID No.Number: 1 ☒ Well API No. (Only if the reference facility is well) 05-103-05083

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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: more accurate estimate to be determined during investigation

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: ClearSurface Owner: FEDERAL 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):

During normal operations of the DCU #1 SWD well location, the lease operator discovered a release of produced water near the Salt Water Disposal well head, from an apparent failure of the flow line between the injection pump and the well head. The line was not under pressure at the time of discovery, but was isolated to prevent further release. Initial estimate of volume released is approximately 5 barrels, with more accurate determination to be made after flow line is excavated. Evidence of moist soil from the release extended from the well area on the working surface, and into stormwater diversion and containment. No release was made off pad location.

List Agencies and Other Parties Notified:

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: 13715

OPERATOR COMMENTS:

Proceeding under REM # 13715

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

Signed: _____ Print Name: Steve Hale

Title: Env. Specialist Date: 07/10/2019 Email: shale@utahgascorp.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402101862	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402121010	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)