

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:

402125356

Date Received:

07/30/2019

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: CRESTONE PEAK RESOURCES OPERATING LLC	Operator No: 10633	Phone Numbers Phone: (303) 774-3985 Mobile: (<u> </u>) 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# 402125356

Initial Report Date: 07/29/2019 Date of Discovery: 07/29/2019 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 14 TWP 1N RNG 66W MERIDIAN 6

Latitude: 40.046578 Longitude: -104.740144

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 329863

Spill/Release Point Name: Mathews B Unit 1 ☐ 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? 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:

Land Use:

Current Land Use: CROP LAND Other(Specify):

Weather Condition: Sunny clear 90 deg F

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):

During produced water vessel closure activities (following approved Form 27 - Rem #13348), historical soil impacts were discovered. Further assessment and remediation of impacted media will be scheduled.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/29/2019	Land Owner	Raymond Wiseman	-	Sent letter. No other contact info available.
7/29/2019	Weld County	J. Maxey	-	Emailed.

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: 07/29/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER			<input checked="" 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
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): <u>10</u>		Width of Impact (feet): <u>10</u>	
Depth of Impact (feet BGS): <u>10</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
The extent was determined through soil sampling as part of assessment activities completed by Eagle Environmental. Further assessment and remediation is required.			
Soil/Geology Description:			
very fine to fine-grained SAND underlain by a clayey SAND lens underlain by a sandy CLAY			
Depth to Groundwater (feet BGS) <u>15</u>		Number Water Wells within 1/2 mile radius: <u>19</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>1137</u> None <input type="checkbox"/>	Surface Water <u>3104</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>

Livestock 1099 None ☐Occupied Building 1099 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS#1 Supplemental Report Date: 07/29/2019Cause 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)

Historical impacts were discovered during water vault soil boring assessment activities.

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

Crestone Peak Resources implements routine AVO inspections of all facilities.

Volume of Soil Excavated (cubic yards): 0Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____Volume of Impacted Ground Water Removed (bbls): 0Volume 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 27Form 27 Remediation Project No: 13348**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: David TewkesburyTitle: Environmental Specialist Date: 07/30/2019 Email: david.tewkesbury@crestonepr.com**COA Type****Description****Attachment Check List****Att Doc Num****Name**

402125525	ANALYTICAL RESULTS
402125528	ANALYTICAL RESULTS
402125543	TOPOGRAPHIC MAP
402125620	SITE MAP

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)