

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:

402156736

Date Received:

08/27/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

467041

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: GREAT WESTERN OPERATING COMPANY LLC	Operator No: 10110	Phone Numbers Phone: (720) 595-2132 Mobile: () Email: jdavidson@gwogco.com
Address: 1001 17TH STREET #2000		
City: DENVER	State: CO Zip: 80202	
Contact Person: Jason Davidson		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402156736

Initial Report Date: 08/27/2019 Date of Discovery: 08/27/2019 Spill Type: Recent Spill

Spill/Release Point Location:

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

Latitude: 39.999702 Longitude: -104.940079

Municipality (if within municipal boundaries): County: ADAMS

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 465146
 Spill/Release Point Name: Rio LC ☐ No Existing Facility or Location ID No.
 Number: 12-332HN ☐ 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): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

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: 12.4 bbls of oil based drilling mud

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: 61 degrees and cloudy

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 servicing the small centrifuge, a valve was inadvertently left open which caused the release of 12.4 bbls of OBM from a 2 inch feed hose. The spill was contained on location, the OBM was recovered, and impacted soil was removed on August 27, 2019.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/27/2019	Adams County	Keith Huck	--	Email: khuck@adcogov.org 10:44 am
8/27/2019	Adams County	Jen Rutter	--	Email: jrutter@adcogov.org 10:44 am
8/27/2019	Adams County	Christine Dougherty	--	Email: cdougherty@adcogov.org 10:44 am
8/27/2019	COGCC	Chris Canfield	--	Email: chris.canfield@state.co.us 11:03 am
8/27/2019	Landowner Rep.	Bere White	--	Email: bere.white@dixiewater.com 10:33 am

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: 08/27/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	12	12	<input type="checkbox"/>
CONDENSATE	0	0	<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): 30 Width of Impact (feet): 18

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

How was extent determined?

Visually

Soil/Geology Description:

Depth to Groundwater (feet BGS)	<u>15</u>	Number Water Wells within 1/2 mile radius:		<u>12</u>		
If less than 1 mile, distance in feet to nearest	Water Well	<u>1369</u>	None <input type="checkbox"/>	Surface Water	<u>1187</u>	None <input type="checkbox"/>
	Wetlands	<u>1187</u>	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
	Livestock		None <input checked="" type="checkbox"/>	Occupied Building	<u>610</u>	None <input type="checkbox"/>

CORRECTIVE ACTIONS

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

While servicing the small centrifuge, a valve was inadvertently left open which caused the release of 12.4 bbls of OBM.

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

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify)

Volume of Impacted Surface Water Removed (bbls): 0

REQUEST FOR CLOSURE

Basis for Closure:

- ☐ Corrective Actions Completed (documentation attached)
- ☐ Work proceeding under an approved Form 27

Form 27 Remediation Project No:

OPERATOR COMMENTS:

Signed: _____ Print Name: Jason Davidson

Title: Senior EHS Specialist Date: 08/27/2019 Email: jdavidson@gwogco.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402156736	SPILL/RELEASE REPORT(I/S)
402156836	TOPOGRAPHIC MAP
402159574	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)