

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

402123515

Date Received:

07/26/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

467043

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402123515

Initial Report Date: 07/26/2019 Date of Discovery: 07/25/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 6 TWP 1S RNG 67W MERIDIAN 6Latitude: 39.999498 Longitude: -104.940218Municipality (if within municipal boundaries): _____ County: ADAMS

Reference Location:

Facility Type: WELL PAD☒ Facility/Location ID No 465146Spill/Release Point Name: Rio LC☐ No Existing Facility or Location ID No.Number: 12-368HC☐ 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 <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 18.5 bbls of oil based drilling mud

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 90 degrees and sunnySurface 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 filling mud tanks with OBM, a valve was left open and 18.5 bbls of OBM were released. The spill was contained on location, the OBM was recovered, and impacted soil was removed on July 25, 2019.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/26/2019	Adams County	Keith Huck	--	Email: khuck@adcogov.org 11:17 am
8/6/2019	Adams County	Jen Rutter	--	Email: jrutter@adcogov.org 11:17 am
7/26/2019	Adams County	Christine Dougherty	--	Email: cdougherty@adcogov.org 11:17 am
7/26/2019	COGCC	Chris Canfield	--	Email: chris.canfield@state.co.us 11:17 am
7/26/2019	Landowner Rep.	Bere White	--	Email: bere.white@dixiewater.com 10:23 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: 07/26/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	18	18	<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): 23 Width of Impact (feet): 27

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

How was extent determined?

Visually

Soil/Geology Description:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402123515	SPILL/RELEASE REPORT(I/S)
402123670	TOPOGRAPHIC MAP
402159747	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)