

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:

402160243

Date Received:

08/28/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

464692

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402055762

Initial Report Date: 05/26/2019 Date of Discovery: 05/24/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 1 TWP 3N RNG 68W MERIDIAN 6Latitude: 40.259622 Longitude: -104.958222Municipality (if within municipal boundaries): NA County: WELD

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No. _____Spill/Release Point Name: Wilson IC ☐ No Existing Facility or Location ID No.Number: 03-179HNX ☒ Well API No. (Only if the reference facility is well) 05-123-45439

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: 13.3 bbls of oil base mud

Land Use:

Current Land Use: CROP LAND Other(Specify): _____Weather Condition: Clear / 52 degrees FSurface Owner: OTHER (SPECIFY) Other(Specify): Maybelle and Donald Wilson Trust

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 drilling, the centrifuge feed pump over filled the tank due to the float not working. A pump was used to vacuum up the 13.3 bbls of drilling fluid which was then transferred to the solids control polishing tank.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/25/2019	Weld County	Tom Parko	--	Email: tparko@weldgov.com
5/25/2019	Weld County	Roy Rudisill	--	Email: rrudisill@weldgov.com
5/25/2019	Weld County	Jason Maxey	--	Email: jmaxey@weldgov.com
5/25/2019	Weld County	Gracie Marquez	--	Email: gmarquez@weldgov.com
5/25/2019	Weld County	Jim McDonald	--	Email: jmcdonald@weldgov.com
5/25/2019	COGCC	Chris Canfield	--	Email: chris.canfield@state.co.us
5/25/2019	Landowner	Roxanne Herring	--	Email: roxfish2255@gmail.com

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: 05/26/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	13	13	<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? NO 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): 15

Depth of Impact (feet BGS): 1 Depth of Impact (inches BGS): _____

How was extent determined?

Not yet determined

Wiley-Colby complex, 1 to 3 percent slopes, Otero sandy loam, 5 to 9 percent slopes

Number Water Wells within 1/2 mile radius: 0

Surface Water	660	None	<input type="checkbox"/>
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Springs None ☒

Occupied Building	1000	None	
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#1	Supplemental Report Date:	05/26/2019
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Cause of Spill (Check all that apply)

<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		

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

While drilling, the centrifuge feed pump over filled the tank due to the float not working.

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

Ran pump manually until electrician arrived on location.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation)

<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment
<input type="checkbox"/> Other (specify) _____	

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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.

☒ Work proceeding under an approved Form 27

Form 27 Remediation Project No: 14056

Signed: _____ Print Name: Jason Davidson

Title: Senior EHS Specialist Date: 08/28/2019 Email: jdavidson@gwoqco.com

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Attachment Check List

Att Doc Num

Name

402160243	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402160293	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)