

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402122727

Date Received:

09/25/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

465885

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: CRESTONE PEAK RESOURCES OPERATING LLC	Operator No: 10633	Phone Numbers
Address: 1801 CALIFORNIA STREET #2500		Phone: (303) 7743985
City: DENVER	State: CO	Zip: 80202
Contact Person: David Tewkesbury		Mobile: (720) 2365525
		Email: David.Tewkesbury@CrestonePR.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402097828

Initial Report Date: 07/06/2019 Date of Discovery: 07/05/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 10 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.156834 Longitude: -104.758285

Municipality (if within municipal boundaries): Unincorporated County: WELD

Reference Location:

Facility Type: FLOWLINE

☐ Facility/Location ID No

Spill/Release Point Name: IONE-62N66W 4SESE

☒ 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? No

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): 0

Estimated Condensate Spill Volume(bbl): >=5 and <100

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:

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: 60's and cloudy

Surface Owner: FEE

Other(Specify): Private Landowner

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):

A faulty valve on a load line at the IONE-62N66W 4SESE Facility released 6.5 barrels of condensate inside containment. The condensate is currently being recovered via hydro-vac.

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: _____

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 07/25/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	6	5	<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): _____ Width of Impact (feet): _____

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

How was extent determined?

The surficial area of impacts was determined during hydro-vacuum recovery of condensate from within secondary containment. Excavation efforts continued until all soil samples collected from the final extents of the excavation fell within the COGCC Table 910-1 standards for organic constituents (TPH and BTEX).

Soil/Geology Description:

Valent Sand

Depth to Groundwater (feet BGS) 300 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest Water Well 2077 None ☐ Surface Water 1039 None ☐

Wetlands None ☒ Springs None ☒

Livestock 3715 None ☐ Occupied Building 3820 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 09/25/2019
Cause of Spill (Check all that apply) <input checked="" type="checkbox"/> Human Error <input 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)	
<div>The valve on the loadout line was not fully closed before the facility was brought back online.</div>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<div>Lease operators will walk the lines before a facility is brought back online. They will lock out all valves to ensure they are closed properly.</div>	
Volume of Soil Excavated (cubic yards): 108	
Disposition of Excavated Soil (attach documentation) <input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): _____	
Volume of Impacted Surface Water Removed (bbls): _____	

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: _____

OPERATOR COMMENTS:

The Form 19 Supplemental is being submitted to request closure for Spill/Release ID 465885. Please find attached a topographic map, facility site map, and laboratory analytical results.

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

Signed: _____ Print Name: Maggie Graham

Title: Senior Project Manager Date: 09/25/2019 Email: Maggie.Graham@apexc.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
402188275	OTHER

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)