

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402233172

Date Received:

11/07/2019

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

468980

## 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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	<b>Phone Numbers</b>
Address: <u>410 17TH STREET SUITE #1400</u>		Phone: <u>(720) 4406100</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Brian Dodek</u>		Mobile: <u>( )</u>
		Email: <u>BDodeK@Bonanzacrk.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402228804

Initial Report Date: 11/01/2019 Date of Discovery: 10/31/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 27 TWP 5N RNG 63W MERIDIAN 6Latitude: 40.366570 Longitude: -104.420743Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: WELL PAD☒ Facility/Location ID No 441915Spill/Release Point Name: NP T-27 Oil Vessel☐ 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): >=1 and <5Estimated 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): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Clear, 30'sSurface 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):

Thermal expansion caused a fitting on an oil vessel to release approximately 4.5 bbls of oil to the ground. The release was fully contained to the well pad. Remediation will take place following utility locates. Confirmation soil samples will be collected and submitted for laboratory analysis. Analytical results will be included in a subsequent F19.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
11/1/2019	Weld County	Roy Rudisill	-on file	Notified via Weld Co. OEM Report
11/1/2019	Surface owner	on file	-on file	Notified of release

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: 11/07/2019		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	4	0	<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): 40 Width of Impact (feet): 10

Depth of Impact (feet BGS): 1 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

The extent was determined through visual analysis.

Soil/Geology Description:

Valent sand, 0-3% Slopes

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 13

If less than 1 mile, distance in feet to nearest Water Well 1200 None ☐ Surface Water 450 None ☐

Wetlands 1500 None ☐ Springs \_\_\_\_\_ None ☒

Livestock \_\_\_\_\_ None ☒Occupied Building 1700 None ☐

Additional Spill Details Not Provided Above:

The fitting was replaced and the impacted soil was removed. Confirmation soil samples will be collected and submitted for laboratory analysis. Analytical results will be included in a subsequent Form 19.

**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:**

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

Signed: \_\_\_\_\_ Print Name: Brian DodekTitle: Brian Dodek Date: 11/07/2019 Email: BDodeK@Bonanzacrk.com**COA Type****Description**

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**Attachment Check List****Att Doc Num****Name**

402233172	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402233433	SITE MAP
402233822	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments****User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)