

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:

402237156

Date Received:

11/13/2019

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

468981

### 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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	<b>Phone Numbers</b>
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(303) 597-6847</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>
Contact Person: <u>Phillip Porter</u>		Mobile: <u>( )</u>
		Email: <u>COGCCSpillRemediati on@pdce.com</u>

#### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402229745

Initial Report Date: 11/04/2019 Date of Discovery: 11/03/2019 Spill Type: Recent Spill

##### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 31 TWP 3N RNG 63W MERIDIAN 6

Latitude: 40.175356 Longitude: -104.472551

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

##### Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 434637

Spill/Release Point Name: Guttersen Pad 4  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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

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

##### Land Use:

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Sunny

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):

At the produced water tank for the Guttersen 31T-221 well, the produced water load line was compromised (potentially due to frozen valve), spilled approximately 18 bbls of produced water inside secondary containment. The respective well was shut-in and spill mitigation and clean-up efforts are underway.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
11/4/2019	COGCC	Rober Chesson	-	
11/4/2019	Weld Co	NA	-	
11/4/2019	Land Owner	NA	-	

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: 11/12/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>18</u>	<u>5</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): \_\_\_\_\_ Width of Impact (feet): \_\_\_\_\_

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

How was extent determined?

On November 3, 2019, approximately 18 barrels of produced water were released inside secondary containment at the Guttersen Pad 4 production facility. Following the discovery, mitigation activities were initiated and approximately 5 barrels of produced water were recovered via vacuum recovery. In addition, a bioremediation amendment was applied to the affected area to address remaining hydrocarbon impacts. Confirmation soil sampling will be conducted within 60-days of the release date to determine if remediation efforts successfully reduced hydrocarbon concentrations below COGCC standards. A topographic map is attached as Figure 1.

Soil/Geology Description:

Osgood sand, 0 to 3 percent slopes.

Depth to Groundwater (feet BGS) 188 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>3624</u>	None <input type="checkbox"/>	Surface Water	<u>4118</u>	None <input type="checkbox"/>
Wetlands	<u>4480</u>	None <input type="checkbox"/>	Springs	<u>          </u>	None <input checked="" type="checkbox"/>
Livestock	<u>100</u>	None <input type="checkbox"/>	Occupied Building	<u>          </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

### CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>11/12/2019</u>
Cause of Spill (Check all that apply)	
<input checked="" 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)	
On November 3, 2019, approximately 18 barrels of produced water were released into secondary containment at the Gutteresen Pad 4 production facility. After reviewing the facility automation data, it was determined the load line valve was initially compromised on 11-1-2019 due to the valve freezing, causing a slow leak. The leak was not visually observed during routine facility inspections or automation tank level review, thus the load line valve was not replaced before the second freeze that caused the valve to crack, thus releasing a reportable volume inside secondary containment.	
Describe measures taken to prevent the problem(s) from reoccurring:	
Reinforce the importance of daily visual inspections and reviewing tank automation data to facility operations employees.	
Volume of Soil Excavated (cubic yards): _____	
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): <u>0</u>	
Volume of Impacted Surface Water Removed (bbls): <u>0</u>	

### 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: Phillip Porter

Title: Snr. Environmental Rep. Date: 11/13/2019 Email: COGCCSpillRemediation@pdce.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

402237156	SPILL/RELEASE REPORT(SUPPLEMENTAL)
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402237427	TOPOGRAPHIC MAP
402237850	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)