

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:

402241284

Date Received:

11/17/2019

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

469263

SPILL/RELEASE REPORT (INITIAL)

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: EVERGREEN NATURAL RESOURCES LLC	Operator No: 10705	Phone Numbers Phone: (719) 846-7898 Mobile: () Email: cheri.morgan@enrllc.com
Address: 1801 BROADWAY SUITE 350		
City: DENVER	State: CO Zip: 80202	
Contact Person: Cheri Morgan		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402241284

Initial Report Date: 11/17/2019 Date of Discovery: 11/14/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 14 TWP 32S RNG 67W MERIDIAN 6

Latitude: 37.260400 Longitude: -104.851840

Municipality (if within municipal boundaries): County: LAS ANIMAS

Reference Location:

Facility Type: GAS GATHERING PIPELINE SYSTEM ☒ Facility/Location ID No 427440

Spill/Release Point Name: Cougar ☐ No Existing Facility or Location ID No.

Number: 42-14 ☐ 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): >=5 and <100

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: Clear and Cool

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):

The spill was found about 2:00 pm by the Lease Operator and isolated immediately. It is estimated that 5 barrels traveled north from the break at the valve can on the southwest corner of location to the north berm, then changed direction and traveled east to the northeast edge of location down a spillway and ended just off location. There was stormwater impact from snowmelt in the spill path on the east edge of location. No State Waters were involved and the landowner was notified. Root cause investigation is ongoing & further repairs are in progress.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/15/2019	COGCC	Jason Kosola	-	Email
11/15/2019	LACOG	Robert Lucero	-	Email
11/15/2019	Landowner	John C Serra	-	Phone Call

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: _____

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: Cheri Morgan

Title: Regulatory Specialist Date: 11/17/2019 Email: cheri.morgan@enrllc.com

COA Type

Description

	Operator shall provide root cause of spill and prevention procedures on Form 19 Supplemental within 10 days of spill as required per Rule 906.b
--	---

Attachment Check List

Att Doc Num	Name
402241284	SPILL/RELEASE REPORT(INITIAL)
402241285	TOPOGRAPHIC MAP
402241482	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)