

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:

402253888

Date Received:

12/04/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

469424

## 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: HIGHPOINT OPERATING CORPORATION	Operator No: 10071	<b>Phone Numbers</b> Phone: (303) 2919100 Mobile: ( ) Email: rfrishmuth@hpres.com
Address: 555 17TH ST STE 3700		
City: DENVER	State: CO Zip: 80202	
Contact Person: Rusty Frishmuth		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402250666

Initial Report Date: 11/29/2019 Date of Discovery: 11/29/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 24 TWP 11N RNG 63W MERIDIAN 6

Latitude: 40.914400 Longitude: -104.377500

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 444290

Spill/Release Point Name: CC Produced Water Spill ☐ 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): 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: OTHER Other(Specify): Oil and Gas Production Facility

Weather Condition: overcast/cold

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):

Water hauling company failed to close load out line valve, resulting in a produced water spill in containment.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/29/2019	Weld County OEM	D. Burns	-	online reporting form
11/30/2019	Land Owner	on file	-	email/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: \_\_\_\_\_

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	12/04/2019	
<b>FLUIDS</b>			
	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	10	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? <u>YES</u> Was an Emergency Pit constructed? <u>NO</u>			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet):		75	Width of Impact (feet): 50
Depth of Impact (feet BGS):		0	Depth of Impact (inches BGS): 1
How was extent determined?			
Field measurements, in containment			
Soil/Geology Description:			
Ascalon fine sandy loam			
Depth to Groundwater (feet BGS)		110	Number Water Wells within 1/2 mile radius: 0
If less than 1 mile, distance in feet to nearest		Water Well 3687	None <input type="checkbox"/> Surface Water <input type="checkbox"/> None <input checked="" type="checkbox"/>
		Wetlands <input type="checkbox"/> None <input checked="" type="checkbox"/>	Springs <input type="checkbox"/> None <input checked="" type="checkbox"/>

Livestock 100 None ☐Occupied Building 5200 None ☐

Additional Spill Details Not Provided Above:

WW Permit, 145577. Static water level prior to test, 26'. Final pumping water level, 110'.

**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: Dustin WattTitle: EHS Specialist Date: 12/04/2019 Email: dwatt@hpres.com**COA Type****Description****Attachment Check List****Att Doc Num****Name**

402253941	TOPOGRAPHIC MAP
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Total Attach: 1 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)