

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:

402251236

Date Received:

12/04/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

469470

SPILL/RELEASE REPORT (INITIAL /w 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: GREAT WESTERN OPERATING COMPANY LLC

Operator No: 10110

Address: 1001 17TH STREET #2000

City: DENVER

State: CO

Zip: 80202

Contact Person: Jason Davidson

Phone Numbers

Phone: (720) 595-2132

Mobile: ()

Email: jdavidson@gwp.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402251236

Initial Report Date: 12/02/2019

Date of Discovery: 12/01/2019

Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 24 TWP 1S RNG 67W MERIDIAN 6

Latitude: 39.944279 Longitude: -104.834788

Municipality (if within municipal boundaries): County: ADAMS

Reference Location:

Facility Type: WELL

☐ Facility/Location ID No

Spill/Release Point Name: Schaefer LD

☐ No Existing Facility or Location ID No.

Number: 13-032HC

☒ Well API No. (Only if the reference facility is well) 05-001-10254

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): >=100

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=100

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: Slight winds, 19 degrees F

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):

During bradenhead testing and mitigation, a frac tank overfilled resulting in a release of approximately 300 barrels of oil and produced water.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/3/2019	COGCC	Chris Canfield	--	Email: chris.canfield@state.co.us
12/2/2019	Adams County	Keith Huck	--	Email: khuck@adcogov.org
12/2/2019	Adams County	Gregory Dean	--	Email: gdean@adcogov.org
12/2/2019	Fire Department	Michael Schuppe	--	Email: mschuppe@brightonfire.org
12/2/2019	BLM	Mark Lyon	--	Written Correspondence at 12:25 pm
12/2/2019	Landowner	Elane Schaefer	303-659-1056	GWOC Phone Conversation at 4:36pm

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: 12/02/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER			<input checked="" 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: Volumes will be updated following cleanup which is ongoing and nearing completion.

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): 115 Width of Impact (feet): 53

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

How was extent determined?

Not yet determined

Soil/Geology Description:

Gravel/Roadbase

Depth to Groundwater (feet BGS) 25

Number Water Wells within 1/2 mile radius: 33

If less than 1 mile, distance in feet to nearest

Water Well 500 None ☐

Surface Water 700 None ☐

Wetlands 700 None ☐

Springs None ☒

Livestock 550 None ☐

Occupied Building 450 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/02/2019

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown

☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

The surface casing valve to a blowdown (frac) tank was left open during bradenhead testing and mitigation causing the tank to overfill, resulting in the release.

Describe measures taken to prevent the problem(s) from reoccurring:

Great Western will no longer leave the surface casing valves open to blow down tanks without additional engineering controls in place. Additionally, production casing evaluation and repair is ongoing.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment

☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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: Jason Davidson

Title: Senior EHS Specialist Date: 12/04/2019 Email: jdavidson@gwp.com

COA Type

Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402251236	SPILL/RELEASE REPORT(I/S)
402251576	AERIAL PHOTOGRAPH
402254371	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)