

**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:

402246154

Date Received:

12/08/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

454027

## 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>GADECO LLC</u>	Operator No: <u>10673</u>	<b>Phone Numbers</b>
Address: <u>7535 EAST HAMPDEN AVE STE 400</u>		Phone: <u>(720) 5756008</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(303) 3463696</u>
Zip: <u>80231</u>		Email: <u>trent@gfccap.com</u>
Contact Person: <u>Trent Green</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401541084

Initial Report Date: 02/08/2018      Date of Discovery: 02/07/2018      Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 26 TWP 9N RNG 62W MERIDIAN 6Latitude: 40.724920 Longitude: -104.289840Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: WELL☐ Facility/Location ID No \_\_\_\_\_Spill/Release Point Name: Croissant☐ No Existing Facility or Location ID No.Number: 1☒ Well API No. (Only if the reference facility is well) 05-123-21426

#### **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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated 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: 25 F, 10 m, wind E6Surface 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):

Discovered a vegetation kill while preparing for a MIT.

**List Agencies and Other Parties Notified:**

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: \_\_\_\_\_

**CORRECTIVE ACTIONS**

#1 Supplemental Report Date: 11/21/2019

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)

Pipeline failure.

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

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): \_\_\_\_\_

Volume of Impacted Surface Water Removed (bbls): \_\_\_\_\_

#2 Supplemental Report Date: 12/08/2019

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)

Unknown

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

Site is active. One-call to be completed 12/09/2019 - 12/10/2019. Dirt work to commence once 811 one-call cleared, anticipated 12/11 or 12/12. Estimated time to fill the voids is 10-15 days. Dirt work anticipated to be completed prior to 12/31/2019. Reseeding to take place in the spring on or before 06/15/2020 per contract with landowner.

Volume of Soil Excavated (cubic yards): 1822

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): \_\_\_\_\_

Volume of Impacted Surface Water Removed (bbls): \_\_\_\_\_

### 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: Trent W. Green  
Title: Managing Director Date: 12/08/2019 Email: trent@gfccap.com

### COA Type Description

--	--

### Attachment Check List

Att Doc Num	Name
402246154	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402257231	SITE MAP
402257232	ANALYTICAL RESULTS
402257233	ANALYTICAL RESULTS
402257781	FORM 19 SUBMITTED

Total Attach: 5 Files

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)