

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:

402246088

Date Received:

12/08/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

454882

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>	Phone Numbers
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# 401612523

Initial Report Date: 04/18/2018 Date of Discovery: 03/08/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 26 TWP 9N RNG 62W MERIDIAN 6

Latitude: 40.724395 Longitude: -104.294304

Municipality (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: 4 ☒ Well API No. (Only if the reference facility is well) 05-123-21651

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

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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: fair

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):

This historical release was discovered during MIT operations at the wellhead.

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): 988

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:

Gadeco, LLC will resolve the open corrective actions associated with this spill.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Trent Green
Title: Managing Director Date: 12/08/2019 Email: trent@gfccap.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
402246088	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402257243	SITE MAP
402257244	SITE MAP
402257245	SITE MAP
402257246	ANALYTICAL RESULTS
402257247	ANALYTICAL RESULTS
402257248	ANALYTICAL RESULTS
402257249	ANALYTICAL RESULTS
402257808	FORM 19 SUBMITTED

Total Attach: 9 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)