

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:

402276883

Date Received:

01/05/2020

Spill report taken by:

Spill/Release Point ID:

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402276883

Initial Report Date: 01/03/2020 Date of Discovery: 01/02/2020 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 7 TWP 34S RNG 66W MERIDIAN 6

Latitude: 37.100980 Longitude: -104.813800

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

Reference Location:

Facility Type: PIT Facility/Location ID No 258377
 Spill/Release Point Name: Lorencito No Existing Facility or Location ID No.
 Number: 7-7 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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>=5 and <100</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____
 Weather Condition: Snowy, cold, freezing
 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):

we had a recent spill from the pit at the Lorencito 7-7-34-66(Facility ID # 258377) on 1/2/2020 at 2pm. Produced water was released from the discharge pipe at the Lorencito 005 outfall #005-47776. The pit level rose to the discharge pipe that was not capped to prevent discharge. The water flowed to the north east where it briefly entered a dry drainage that is considered waters of the state. It did not flow down the arroyo but did pool into a puddle at the entrance. It is estimated at this time that 11 bbls was released. The lease operator immediately isolated the spill. Further investigation and repairs were started upon discovery. A call was made to the CDPHE on 1/2/20 (Ann Nedro) report number 2020-002.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/3/2020	COGCC	Jason Kosola	-	Email
1/3/2020	LACOG	Robert Lucero	-	Email
1/2/2020	Landowner	Bobby Hill	-	Phone Call
1/2/2020	CDPHE	Ann Nedro	-	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: 01/05/2020 Email: cheri.morgan@enrllc.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
402277432	TOPOGRAPHIC MAP
402277433	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)