

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:

402278527

Date Received:

01/09/2020

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

470542

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>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> |
| Contact Person: <u>Cheri Morgan</u> | | Mobile: <u>()</u> |
| | | Email: <u>cheri.morgan@enrllc.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 112537

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): 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: 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: _____

SPILL/RELEASE DETAIL REPORTS

| | | | |
|--|--------------------------------------|-------------------------------------|--------------------------|
| #1 | Supplemental Report Date: 01/07/2020 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | 0 | 0 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 11 | 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? 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) <input checked="" 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): 200 | | Width of Impact (feet): 3 | |
| Depth of Impact (feet BGS): 0 | | Depth of Impact (inches BGS): _____ | |
| How was extent determined? | | | |
| Visual Inspection and GPS | | | |
| Soil/Geology Description: | | | |
| From the NRCS soil survey map: Saruche-Rombo-Rock outcrop complex | | | |

Depth to Groundwater (feet BGS) 50 Number Water Wells within 1/2 mile radius: 5

If less than 1 mile, distance in feet to nearest Water Well 421 None ☐ Surface Water 0 None ☐

Wetlands 0 None ☐ Springs 152 None ☐

Livestock 0 None ☐ Occupied Building 0 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/07/2020

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)

Work being conducted at the pit with capping of the discharge line was not communicated to all employees causing improper capping of the line and the spill to occur.

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

Implement a monitoring plan on pits, also have a written plan for monitoring with better communication between work crews and lease operators when working with pits and piping.

Volume of Soil Excavated (cubic yards): 0

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:

At the agencies request we have asked that our third party contractor collect soil samples of the spill path and will submit them on a upon receiving the results. I have included water quality data for this spill on the initial report. Evergreen Natural Resources request closure of this spill based on this statement and the pending soil results that will be submitted on a separate subsequent form 19.

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: 01/09/2020 Email: cheri.morgan@enrllc.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|------------------------------------|
| 402278527 | SPILL/RELEASE REPORT(SUPPLEMENTAL) |
| 402283218 | FORM 19 SUBMITTED |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)