

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:
402282299

Date Received:
01/13/2020

Spill report taken by:
CANFIELD, CHRIS

Spill/Release Point ID:
469470

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>GREAT WESTERN OPERATING COMPANY LLC</u>	Operator No: <u>10110</u>	Phone Numbers
Address: <u>1001 17TH STREET #2000</u>		Phone: <u>(720) 595-2132</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jason Davidson</u>		Mobile: <u>()</u>
		Email: <u>j davidson@gwp.com</u>

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): <u>>=100</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>>=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: 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 overflowed 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: 01/10/2020

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	200	200	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	95	95	<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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 135 Width of Impact (feet): 56

Depth of Impact (feet BGS): 5 Depth of Impact (inches BGS): _____

How was extent determined?

OPERATOR COMMENTS:

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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: 01/13/2020 Email: j davidson@gwp.com

COA Type**Description**

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Attachment Check List**Att Doc Num****Name**

402282299	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402283186	SITE MAP
402283187	ANALYTICAL RESULTS
402283188	ANALYTICAL RESULTS
402283406	DISPOSAL MANIFEST
402290420	FORM 19 SUBMITTED

Total Attach: 6 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)