

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402291004

Date Received:

01/21/2020

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>	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# 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 6

Latitude: 40.724920 Longitude: -104.289840

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: 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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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: 25 F, 10 m, wind E6

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):

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: 12/26/2019

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 spill

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

Excavated areas filled in, top soil spread with reseeding to occur in the spring of 2020 per landowner request.

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): _____

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: 01/21/2020 Email: trent@gfccap.com

COA Type

Description

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Attachment Check List

Att Doc Num **Name**

402291016	OTHER
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)