

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:

402300956

Date Received:

02/02/2020

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

470960

## 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>RED HAWK PETROLEUM LLC</u>	Operator No: <u>10503</u>	<b>Phone Numbers</b>
Address: <u>1250 WOOD BRANCH PARK STE 400</u>		Phone: <u>(713) 5747912</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Mobile: <u>(832) 6914322</u>
Zip: <u>77079</u>		Email: <u>wboyd@pedevco.com</u>
Contact Person: <u>William Boyd</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402292768

Initial Report Date: 01/23/2020 Date of Discovery: 01/23/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 14 TWP 8N RNG 62W MERIDIAN 6

Latitude: 40.667811 Longitude: -104.279250

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: Planck 1-14H

☒ No Existing Facility or Location ID No.

Number: \_\_\_\_\_ ☐ 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? No

*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): >=5 and <100

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: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Clear skies, windy 15-20 mph

Surface Owner: FEE

Other(Specify): Peter Freeman

#### 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):

Spill was discovered approximately 0630 mountain time on 1/23/2020. Root cause and needed repairs are presently being determined.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/23/2020	Weld County	Jason Maxey	970-4003580	
1/23/2020	Weld County OEM	Roy Rudisill	970-3046540	

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: 02/02/2020		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	10	9	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	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? YES Was an Emergency Pit constructed? NO			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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): 25		Width of Impact (feet): 40	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): _____	
How was extent determined?			
Measurements			
Soil/Geology Description:			
Road base			
Depth to Groundwater (feet BGS) 85		Number Water Wells within 1/2 mile radius: 2	
If less than 1 mile, distance in feet to nearest		Water Well 733 None <input type="checkbox"/>	Surface Water None <input checked="" type="checkbox"/>
		Wetlands None <input checked="" type="checkbox"/>	Springs None <input checked="" type="checkbox"/>

Livestock 800 None ☐Occupied Building 719 None ☐

Additional Spill Details Not Provided Above:

**CORRECTIVE ACTIONS**#1 Supplemental Report Date: 02/02/2020Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident &amp; Root Cause (include specific equipment and point of failure)

Gasket failed on treater causing oil to spray into containment.

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

All gaskets on the treater have been replaced. Gaskets on all other treaters have been inspected for condition.

Volume of Soil Excavated (cubic yards): 35Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_Volume of Impacted Ground Water Removed (bbls): 0Volume 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:**

No additional comment.

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

Signed: \_\_\_\_\_ Print Name: William BoydTitle: Land & Regulatory Manager Date: 02/02/2020 Email: wboyd@pedevco.com**COA Type****Description****Attachment Check List****Att Doc Num****Name**

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)