

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>	Phone Numbers
Address: <u>1250 WOOD BRANCH PARK STE 400</u>		Phone: <u>(713) 5747912</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>		Mobile: <u>(832) 6914322</u>
Contact Person: <u>William Boyd</u>		Email: <u>wboyd@pedevco.com</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

Table with 5 columns: Date, Agency/Party, Contact, Phone, Response. Rows include Weld County (Jason Maxey) and Weld County OEM (Roy Rudisill).

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes [] No [X]

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 [X]

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

SPILL/RELEASE DETAIL REPORTS

Form containing spill details: #1, Supplemental Report Date: 02/02/2020. Table of fluids spilled/recovered. Includes sections for containment status, emergency pit report, impacted media, extent determination, measurements, soil/geology description, road base, and groundwater/wells data.

Livestock 800 None Occupied Building 719 None

Additional Spill Details Not Provided Above:

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CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>02/02/2020</u>
Cause of Spill (Check all that apply)	
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Historical-Unknown
Describe Incident & 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): <u>35</u>	
Disposition of Excavated Soil (attach documentation)	
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment
<input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): <u>0</u>	
Volume of Impacted Surface Water Removed (bbls): <u>0</u>	

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

	Provide soil disposal manifests, confirmation soil sample analytical data and sample/spill location map on a supplemental eForm 19 by 2/28/2020.
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Attachment Check List

Att Doc Num	Name
402300956	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402301319	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)