

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402320822

Date Received:

02/22/2020

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

471390

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>EOG RESOURCES INC</u>	Operator No: <u>27742</u>	Phone Numbers
Address: <u>600 17TH ST STE 1100N</u>		Phone: <u>(307) 6874058</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(307) 2516728</u>
Contact Person: <u>Steve Bugni</u>		Email: <u>steve_bugni@eogresources.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402311906

Initial Report Date: 02/13/2020 Date of Discovery: 02/12/2020 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NW/NE SEC 6 TWP 11N RNG 62W MERIDIAN 6

Latitude: 40.955631 Longitude: -104.362244

Municipality (if within municipal boundaries): N/A County: WELD

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: Simba 1-06H Wellhead No Existing Facility or Location ID No.

Number: _____ Well API No. (Only if the reference facility is well) 05-123-31035

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: 20 degrees F, no precipitation

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):

At approximately 9:00 pm on 2/12/2020, a leak developed at the wellhead of the Simba 1-06 SWD due to a broken pressure transducer nipple. Approximately 25 bbls of produced water spilled from the broken nipple on location outside of secondary containment. The ground was frozen, so 20 bbls of produced water were recovered with a vac truck before the rest soaked in. EOG's command center noticed a pressure drop on the tubing and shut the facility in electronically. The location will be evaluated for the need to excavate soils. Initial notification to Weld County and the surface owner were made on 2/13/2020 in accordance with COGCC Rules 906.b.(2) and 906.b.(3), respectively.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/13/2020	Landowner	Loyd Farms	970-8952289	Phone call from Land Dept to Landowner
2/13/2020	Weld County	Online Form	970-3046540	Report submitted online

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: 02/22/2020

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>25</u>	<u>20</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 70 Width of Impact (feet): 20

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 2

How was extent determined?

The extent was determined visually.

Soil/Geology Description:

The location consists of road base on top of compacted native soils.

Depth to Groundwater (feet BGS) 60 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well _____ None Surface Water 1100 None

Wetlands _____ None Springs _____ None

Livestock _____ None Occupied Building _____ None

Additional Spill Details Not Provided Above:

The spill originated at the wellhead, and spread across the pad surface approximately 70 feet to the northwest. All produced water remained on location. Due to the ground being frozen, EOG was able to recover 20 of the 25 bbls spilled using a vac truck. The recovered water was returned to the SWD system on location for disposal. Contaminated soils were excavated for disposal. Confirmation samples will be collected and analyzed for TPH, BTEX, EC, pH, and SAR.

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:

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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: Steve Bugni

Title: Environmental Rep Date: 02/22/2020 Email: steve_bugni@eogresources.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402320825	AERIAL PHOTOGRAPH
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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)