

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:

402338736

Date Received:

03/10/2020

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

473133

SPILL/RELEASE REPORT (INITIAL)

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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	Phone Numbers
Address: <u>410 17TH STREET SUITE #1400</u>		Phone: <u>(720) 440-6100</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Brian Dodek</u>		Mobile: <u>()</u>
		Email: <u>Bdodek@Bonanzacrk.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402338736

Initial Report Date: 03/10/2020 Date of Discovery: 03/09/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNW SEC 18 TWP 5N RNG 62W MERIDIAN 6

Latitude: 40.405090 Longitude: -104.371170

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No _____
 Spill/Release Point Name: Antelope K-O-18HNB ☒ Well API No. (Only if the reference facility is well) 05-123-36836
Wellhead Release ☐ No Existing Facility or Location ID No.

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): >=1 and <5 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: NON-CROP LAND Other(Specify): _____

Weather Condition: Clear 50's

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):

A loose wellhead fitting on the Antelope K-O-18 released approximately 2 bbls of oil to the ground. The impacted roadbase will be removed and hauled to an approved COGCC disposal facility. Confirmation soil samples will be collected and submitted for laboratory analysis. Analytical results will be included in a subsequent eForm 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/10/2020	Surface Owner	on file	-on file	notified of release
3/10/2020	Weld Co. OEM	on file	-on file	notified of relase via OEM report

Was there a Grade 1 Gas Leak? Yes ☐ No ☒

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes ☐ No ☒

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

Was there damage during excavation? Yes ☐ No ☒

If YES, was CO 811 notified prior to excavation? Yes ☐ 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: Brian Dodek
Title: Env. Manager Date: 03/10/2020 Email: Bdodek@Bonanzacrk.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402338736	SPILL/RELEASE REPORT(INITIAL)
402338768	TOPOGRAPHIC MAP
402339646	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)