

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:

402347208

Date Received:

03/23/2020

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

473133

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>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 6Latitude: 40.405090 Longitude: -104.371170Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL☐ Facility/Location ID No _____Spill/Release Point Name: Antelope K-O-18HNB
Wellhead Release☒ Well API No. (Only if the reference facility is well) 05-123-36836☐ 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 <5Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Clear 50'sSurface 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

Date	Agency/Party	Contact	Phone	Response
3/10/2020	Surface Owner	on file	-on file	notified of release
3/10/2020	Weld Co. OEM	on file	-on file	notified of release 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 ☐

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/19/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	2	0	<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? 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) <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): 10		Width of Impact (feet): 10	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): 2	
How was extent determined?			
The extent was determined through visual delineation			
Soil/Geology Description:			
Valent sand, 0-3%			
Depth to Groundwater (feet BGS) 18		Number Water Wells within 1/2 mile radius: 1	

If less than 1 mile, distance in feet to nearest	Water Well	2577	None	<input type="checkbox"/>	Surface Water		None	<input checked="" type="checkbox"/>
	Wetlands		None	<input checked="" type="checkbox"/>	Springs		None	<input checked="" type="checkbox"/>
	Livestock		None	<input checked="" type="checkbox"/>	Occupied Building		None	<input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

The fitting was replaced and the well was returned to production. The impacted soil was removed and hauled to a COGCC approved disposal facility. Confirmation soil samples will be collected and submitted for laboratory analysis. Analytical results will be included in a subsequent eForm 19.

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: Brian Dodek

Title: Env. Manager Date: 03/23/2020 Email: Bdodek@Bonanzacrk.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

402347307	SITE MAP
-----------	----------

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)