

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:

402348830

Date Received:

03/23/2020

Spill report taken by:

Oakman, Kari

Spill/Release Point ID:

474065

SPILL/RELEASE REPORT (INITIAL /w 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>GREAT WESTERN OPERATING COMPANY LLC</u> | Operator No: <u>10110</u> | Phone Numbers Phone: <u>(720) 595-2132</u> Mobile: <u>()</u> Email: <u>j davidson@gwp.com</u> |
| Address: <u>1001 17TH STREET #2000</u> | | |
| City: <u>DENVER</u> | State: <u>CO</u> Zip: <u>80202</u> | |
| Contact Person: <u>Jason Davidson</u> | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402348830

Initial Report Date: 03/23/2020 Date of Discovery: 03/21/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWSW SEC 24 TWP 1S RNG 67W MERIDIAN 6

Latitude: 39.944449 Longitude: -104.846562

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 436062

Spill/Release Point Name: Sharp Tank Battery Well API No. (Only if the reference facility is well) 05- -

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? 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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >0 and <1 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: 2 gallons

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: 37 degrees F, Sunny

Surface Owner: FEE Other(Specify): Lyle Sharp

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 leak from a Vapor Recovery Unit resulted in the release of approximately 2 gallons of oil. The release was contained on site with the exception of less than a 1/2 gallon of oil that accumulated on the surface of the snow in a dry irrigation ditch running along the north perimeter of the tank battery. No injuries occurred as a result of the release and cleanup was accomplished on 3/21/20, immediately following discovery, using hydrovac equipment.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|---------------|--------------|--------------|----------------------------------|
| 3/21/2020 | Adams County | Gregory Dean | -- | Email: gdean@adcogov.org |
| 3/21/2020 | Adams County | Keith Huck | -- | Email: khuck@adcogov.org |
| 3/21/2020 | Brighton Fire | Mike Schuppe | -- | Email: mschuppe@brightonfire.org |
| 3/21/2020 | COGCC | Kari Oakman | -- | Email: kari.oakman@state.co.us |
| 3/21/2020 | Landowner | Lyle Sharp | 303-726-7263 | GWOC phone conversation at 14:11 |

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: 03/23/2020

| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
|-----------------|---------------|-----------------|-------------------------------------|
| OIL | _____ | _____ | <input checked="" 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: 2 gallons of oil spilled and 2 gallons of oil recovered

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): 60 Width of Impact (feet): 4

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

How was extent determined?

Visually. The dimensions of the spill on location were 60 feet long by 40 feet wide by less than 1 inch deep. The dimensions of the spill that accumulated on the snow in the dry irrigation ditch were 60 feet long by 4 feet wide by less than 1 inch deep.

Soil/Geology Description:

Nunn loam, 0 to 1 percent slopes

Depth to Groundwater (feet BGS) 25

Number Water Wells within 1/2 mile radius: 37

If less than 1 mile, distance in feet to nearest

Water Well 375 None

Surface Water 1050 None

Wetlands 1500 None

Springs _____ None

Livestock 3500 None

Occupied Building 800 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/23/2020

Root Cause of Spill/Release Equipment Failure

Other (specify) _____

Type of Equipment at Point of Spill/Release: VRU

If "Other" selected above, specify or describe here:

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

Stuck dump valve briefly over-pressured the VRU.

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

Adjusted dump controller sensitivity.

Volume of Soil Excavated (cubic yards): 8

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment

Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume 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:

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

Signed: _____ Print Name: Jason Davidson

Title: Senior EHS Specialist Date: 03/23/2020 Email: jdavidson@gwp.com

COA Type**Description**

| | |
|--|--|
| | Provide documentation justifying closure request within 45 days of release via supplemental form 19. If investigation and remediation require further actions beyond 45 days then submit form 27 for approval within 45 days of spill (May 5, 2020). |
|--|--|

Attachment Check List**Att Doc Num****Name**

| | |
|-----------|---------------------------|
| 402348830 | SPILL/RELEASE REPORT(I/S) |
| 402348901 | TOPOGRAPHIC MAP |
| 402349246 | FORM 19 SUBMITTED |

Total Attach: 3 Files

General Comments**User Group****Comment****Comment Date**

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

Total: 0 comment(s)