

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402368432

Date Received:

04/12/2020

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

475035

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>VERDAD RESOURCES LLC</u>	Operator No: <u>10651</u>	Phone Numbers
Address: <u>5950 CEDAR SPRINGS ROAD</u>		Phone: <u>(720) 8456901</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75235</u>		Mobile: <u>()</u>
Contact Person: <u>Michael Cugnetti</u>		Email: <u>mcugnetti@verdadresources.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402360892

Initial Report Date: 04/02/2020 Date of Discovery: 04/02/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SESE SEC 25 TWP 9N RNG 60W MERIDIAN 6

Latitude: 40.715214 Longitude: -104.035478

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

Reference Location:

Facility Type: OIL AND GAS LOCATION Facility/Location ID No 432177

Spill/Release Point Name: SHULL 1-25-9-60 PAD 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? 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): >=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: NON-CROP LAND Other(Specify): _____

Weather Condition: Cloudy, cold

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):

Treater gasket failed releasing approximately 10 BBLs of oil. Well was shut in leak stopped and spill is contained on location. Clean up is underway.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/2/2020	Landowner	Mr. Mike Shull	-	acknowledgement
4/2/2020	Weld County	online notification	-	acknowledgement

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:	04/12/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	10	10	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	3	3	<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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): <u>100</u>	Width of Impact (feet): <u>80</u>	
		Depth of Impact (feet BGS): <u>0</u>	Depth of Impact (inches BGS): _____	
How was extent determined?				
Extent was determined visually and with a PID. Soil samples were taken to confirm extent was reached during cleanup.				
Soil/Geology Description:				
Spill occurred on constructed well pad surface. The pad surface is one foot of compacted roadbase course.				
Depth to Groundwater (feet BGS) <u>34</u>		Number Water Wells within 1/2 mile radius: <u>1</u>		

If less than 1 mile, distance in feet to nearest
 Water Well 2347 None Surface Water _____ None
 Wetlands _____ None Springs _____ None
 Livestock 3674 None Occupied Building 3858 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/12/2020

Root Cause of Spill/Release Equipment Failure
 Other (specify) _____

Type of Equipment at Point of Spill/Release: Vertical Heater Treater

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

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

The heater treater for the Ptasnik 1-30-9-59 well on the Shull 25 pad had a gasket fail. The well was shut in and the vessel isolated to stop the leak. Oil and water were recovered from containment and pad surface using a vacuum truck. The impacted pad surface roadbase was dug up and properly disposed of. Clean up documentation will be included included and attached on an additional Supplemental report. The soil cleanup confirmation analysis and the disposal manifests will be attached. Root cause is still being investigated. Will add to a following Supplemental report

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

Will include on following Supplemental report.

Volume of Soil Excavated (cubic yards): 72

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: Michael Cugnetti
 Title: Director of EHS&R Date: 04/12/2020 Email: mcugnetti@verdadresources.com

COA Type	Description

Attachment Check List

Att Doc Num

Name

402368432	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402368564	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)