

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:

402379941

Date Received:

04/24/2020

Spill report taken by:

Spill/Release Point ID:

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: CRESTONE PEAK RESOURCES OPERATING LLC	Operator No: 10633	Phone Numbers
Address: 1801 CALIFORNIA STREET #2500		Phone: (303) 7743985
City: DENVER	State: CO	Mobile: (720) 2365525
Zip: 80202		Email: david.tewkesbury@crestonepr.com
Contact Person: David Tewkesbury		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402379941

Initial Report Date: 04/24/2020 Date of Discovery: 04/23/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENE SEC 25 TWP 5N RNG 64W MERIDIAN 6

Latitude: 40.375157 Longitude: -104.488907

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 414544
Spill/Release Point Name: Kuner ☐ 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? Yes

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

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): >=5 and <100

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

Surface Owner: FEE Other(Specify): 5 River Cattle Feeding

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):

On 4/23/2020 a lease operator noticed that the tank levels were different than previously gauged. It is estimated that 11 barrels of condensate was released from a small hole near the bottom of the tank. The tank was located inside of an erthen berm. The tank is scheduled to be removed from service and the location. Once the tank is removed, delineation of the release will take place.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
4/24/2020	Weld County	Jason Maxey	-	Emailed.
4/24/2020	Property Gerneal Manager	Tanner Pickett	970-6700988	Left voicemail. Followed with email.

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: David Tewkesbury

Title: Environmental Specialist Date: 04/24/2020 Email: david.tewkesbury@crestonepr.com

COA Type

Description

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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)