

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:

402384540

Date Received:

04/29/2020

Spill report taken by:

Oakman, Kari

Spill/Release Point ID:

476064

### 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>	<b>Phone Numbers</b> 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# 402384540

Initial Report Date: 04/29/2020 Date of Discovery: 04/29/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR SENE SEC 11 TWP 1S RNG 67W MERIDIAN 6

Latitude: 39.980739 Longitude: -104.847981

Municipality (if within municipal boundaries): \_\_\_\_\_ County: ADAMS

#### Reference Location:

Facility Type: WELL PAD  Facility/Location ID No 460107  
 Spill/Release Point Name: Brant LD  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? No

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

Estimated Oil Spill Volume(bbl): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>&gt;=1 and &lt;5</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_  
 Weather Condition: Clear, 56 degrees F  
 Surface Owner: FEE Other(Specify): Wayne Medlin

#### 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 tanker truck overfilled resulting in the release of approximately 63 gallons of flowback fluid. The release was contained on site and was cleaned up using hydrovac equipment.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
4/29/2020	Adams County	Gregory Dean	--	Email: gdean@adcogov.org
4/29/2020	Adams County	Keith Huck	--	Email: khuck@adcogov.org
4/29/2020	Brighton Fire	Mike Schuppe	--	Email: mschuppe@brightonfire.org
4/29/2020	COGCC	Kari Oakman	--	Email: kari.oakman@state.co.us
4/29/2020	Landowner	Wayne Medlin	303-819-7884	GWOC left voicemail at 11:43 am

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:	04/29/2020		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	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	1	1	<input type="checkbox"/>	
OTHER E&P WASTE	0	0	<input type="checkbox"/>	
specify: 63 gallons of flow back fluid				
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 &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
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):		5	Width of Impact (feet): 10	
Depth of Impact (feet BGS):		_____	Depth of Impact (inches BGS): _____	
How was extent determined?				
Visually during clean-up activities.				

Soil/Geology Description:

Nunn clay loam, 1 to 3 percent slopes

Depth to Groundwater (feet BGS) 12

Number Water Wells within 1/2 mile radius: 55

If less than 1 mile, distance in feet to nearest

Water Well 400 None

Surface Water 100 None

Wetlands 3450 None

Springs \_\_\_\_\_ None

Livestock \_\_\_\_\_ None

Occupied Building 880 None

Additional Spill Details Not Provided Above:

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/29/2020

Root Cause of Spill/Release Equipment Failure

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Other

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

Tanker truck

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

A site glass on the tanker truck malfunctioned resulting in the overfilling of the tank.

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

All drivers will inspect thier equipment prior to leaving the yard and secondary containment will be utilized.

Volume of Soil Excavated (cubic yards): \_\_\_\_\_

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: 04/29/2020 Email: jdavidson@gwp.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

402384540	FORM 19 SUBMITTED
402384555	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)