

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:

402394888

Date Received:

05/11/2020

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

471003

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: PDC ENERGY INC	Operator No: 69175	Phone Numbers
Address: 1775 SHERMAN STREET - STE 3000		Phone: (303) 597-6847
City: DENVER State: CO Zip: 80203		Mobile: ()
Contact Person: Phillip Porter		Email: COGCCSpillRemediation@pdce.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402294441

Initial Report Date: 01/24/2020 Date of Discovery: 01/24/2020 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NENE SEC 29 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.112399 Longitude: -104.797044

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No

Spill/Release Point Name: Shivers

☐ 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): Unknown

Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

Land Use:

Current Land Use: CROP LAND

Other(Specify):

Weather Condition: Sunny and 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):

During supplemental investigation activities, PDC discovered an historic release. PDC will prepare a remediation plan under a Form 271 and submit to the COGCC.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/24/2020	Surface Owner	NA	-	
1/24/2020	COGCC	Peter G.	-	
1/24/2020	Weld Co	NA	-	

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 ☐

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: 15233

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: Phillip Porter

Title: Sr. Environmental Rep. Date: 05/11/2020 Email: COGCCSpillRemediation@pdce.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)