

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402386117

Date Received:

05/19/2020

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

475832

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

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: ClearSurface Owner: FEEOther(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 earthen 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

Date	Agency/Party	Contact	Phone	Response
4/24/2020	Weld County	Jason Maxey	-	Emailed.
4/24/2020	Property General 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 ☐

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 05/03/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	11	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: _____

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): 0 Width of Impact (feet): _____

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

The condensate storage tank has been removed. During the week of 5/2/2020 soil samples will be taken at throughout the location and at various depths in order to determine the extent of the release. If groundwater is encountered samples will be collected and analyzed .

Soil/Geology Description:

Otero Sandy Loam

Depth to Groundwater (feet BGS) 0 Number Water Wells within 1/2 mile radius: 11

If less than 1 mile, distance in feet to nearest

Water Well	<u>536</u>	None <input type="checkbox"/>	Surface Water	<u>1167</u>	None <input type="checkbox"/>
Wetlands	<u>1225</u>	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>356</u>	None <input type="checkbox"/>	Occupied Building	<u>3434</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>05/19/2020</u>
Root Cause of Spill/Release <u>Corrosion</u>	
Other (specify) _____	
Type of Equipment at Point of Spill/Release: <u>Other</u>	
If "Other" selected above, specify or describe here:	
<div>Condensate Storage Tank.</div>	
Describe Incident & Root Cause (include specific equipment and point of failure)	
<div>Condensate Storage Tank had corrosion on the bottom of tank had created pinholes causing spill.</div>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<div>Field personnel increased inspection frequency on facilities.</div>	
Volume of Soil Excavated (cubic yards): <div></div>	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): _____	
Volume of Impacted Surface Water Removed (bbls): _____	

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: 15481

OPERATOR COMMENTS:

A Form 27 has been approved with remediation workplan.

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: 05/19/2020 Email: david.tewkesbury@crestonepr.com

COA Type

Description

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Attachment Check List

Att Doc Num**Name**

402388000

AERIAL PHOTOGRAPH

Total Attach: 1 Files

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

Environmental

Operator submitted this form on 5/3/2020; COGCC returned to draft on 5/5/2020 for corrections.

05/05/2020

Total: 1 comment(s)