

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:

402401981

Date Received:

05/19/2020

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

476486

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: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Operator No: <u>10633</u>	Phone Numbers
Address: <u>1801 CALIFORNIA STREET #2500</u>		Phone: <u>(303) 774-4017</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Schuyler Hamilton</u>		Mobile: <u>(720) 925-1820</u>
		Email: <u>Schuyler.Hamilton@Crestonepr.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402401981

Initial Report Date: 05/19/2020 Date of Discovery: 05/19/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NESE SEC 8 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.149486 Longitude: -104.795824

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____

Spill/Release Point Name: Mason Herman 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): 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): Private Landowner

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 the morning on 5/19/2020, lease operator noticed tank level dropping, upon immediate inspection a hole was found in the condensate tank. Lease operator immediately equalized tank with other tank location and called a vacuum truck that was in the area. the tank was immediately bottomed out. An estimated 50BBL was released. Spill will be delineated.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/19/2020	Weld County	Jason Maxey	-	Emailed via Weld County Spill Report Form
5/19/2020	Landowner	Bob Gildea	720-422-6389	Phone Notification

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:

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Schuyler Hamilton

Title: EHS Field Technician Date: 05/19/2020 Email: Schuyler.Hamilton@Crestonepr.com

COA Type	Description
	Provide documentation justifying closure request within 45 days of release via supplemental form 19. If investigation and remediation require further actions beyond 45 days then submit form 27 for approval within 45 days of spill (3July2020).

Attachment Check List

Att Doc Num	Name
402401981	SPILL/RELEASE REPORT(INITIAL)
402402462	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Environmental	changed to tank battery facility number 470373 at coordinates provided instead of well location	05/20/2020

Total: 1 comment(s)