

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:

402407433

Date Received:

05/28/2020

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

476486

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) 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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	05/28/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	50	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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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) <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): _____		Width of Impact (feet): _____		
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____		
How was extent determined?				
The condensate storage tank is being removed. On 5/29/2020 soil samples will be taken throughout the location and at various depths in order to delineate the release. If groundwater is encountered, samples will be collected and analyzed.				
Soil/Geology Description:				
Olney Fine Sandy Loam				
Depth to Groundwater (feet BGS) _____ 0		Number Water Wells within 1/2 mile radius: _____ 21		

If less than 1 mile, distance in feet to nearest

Water Well	<u>910</u>	None <input type="checkbox"/>	Surface Water	<u>570</u>	None <input type="checkbox"/>
Wetlands	<u>485</u>	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>153</u>	None <input type="checkbox"/>	Occupied Building	<u>1100</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>05/28/2020</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:	
<u>Condensate Storage Tank.</u>	
Describe Incident & Root Cause (include specific equipment and point of failure)	
<u>During the morning on 5/19/2020, lease operator noticed tank level dropping, upon immediate inspection a hole was found in the condensate tank. Corrosion near the bottom of the tank was point of failure.</u>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<u>Increased inspection frequency on facilities specifically around tanks.</u>	
Volume of Soil Excavated (cubic yards): _____	
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: _____

OPERATOR COMMENTS:

Supplemental form to comply with 906.b.(4). Please see attached aerial photograph of location of spill.

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: 05/28/2020 Email: Schuyler.Hamilton@Crestonepr.com

COA Type

Description

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Attachment Check List

Att Doc Num**Name**

402407433	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402407599	AERIAL PHOTOGRAPH
402408431	FORM 19 SUBMITTED

Total Attach: 3 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)