

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:

402409429

Date Received:

05/31/2020

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

476670

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>HIGHPOINT OPERATING CORPORATION</u>	Operator No: <u>10071</u>	Phone Numbers
Address: <u>555 17TH ST STE 3700</u>		Phone: <u>(303) 2939100</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Rusty Frishmuth</u>		Mobile: <u>()</u>
		Email: <u>rfrishmuth@hpres.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402409429

Initial Report Date: 05/30/2020 Date of Discovery: 05/30/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNW SEC 32 TWP 5N RNG 63W MERIDIAN 6Latitude: 40.352546 Longitude: -104.468579Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL PAD☒ Facility/Location ID No 449309Spill/Release Point Name: CVR Gas Release at separator inlet☐ 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? No

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHEROther(Specify): Oil and Gas Production FacilityWeather Condition: clear/sunnySurface 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):

Pin hole formed in kimray resulting in a gas release.

List Agencies and Other Parties Notified:

Was there a Grade 1 Gas Leak? Yes ☒ No ☐

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: 402409430

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: Dustin Watt

Title: EHS Specialist Date: 05/31/2020 Email: dwatt@hpres.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402409429	SPILL/RELEASE REPORT(INITIAL)
402409565	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)