

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:

402410175

Date Received:

06/01/2020

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

476670

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

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 6

Latitude: 40.352546 Longitude: -104.468579

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL PAD

☒ Facility/Location ID No 449309

Spill/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): 0

Estimated Condensate Spill Volume(bbl): 0

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: OTHER

Other(Specify): Oil and Gas Production Facility

Weather Condition: clear/sunny

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):

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 ☐

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 06/01/2020

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	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? YES 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): 0

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

How was extent determined?

No spill occurred

Soil/Geology Description:

Compacted road base with underlying nunn clay loam

Depth to Groundwater (feet BGS) 60 Number Water Wells within 1/2 mile radius: 12

If less than 1 mile, distance in feet to nearest

Water Well	615	None <input type="checkbox"/>	Surface Water	1311	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	100	None <input type="checkbox"/>	Occupied Building	1318	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Form 19 submitted for Grade 1 Gas release. No spill of hydrocarbons occurred.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/01/2020

Root Cause of Spill/Release Equipment Failure

Other (specify)

Type of Equipment at Point of Spill/Release: Other

If "Other" selected above, specify or describe here:

Kimray at separator inlet

Describe Incident & Root Cause (include specific equipment and point of failure)

Kimray to separator inlet formed a pin hole from what is believed to be corrosion resulted in gas release

Describe measures taken to prevent the problem(s) from reoccurring:

Kimray was replaced prior to being brought back online. Additional Kimrays on location were inspected for signs of corrosion.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation)

☐ Offsite Disposal

☐ Onsite Treatment

☐ Other (specify)

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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:

Correction to facility/location id entered as 449309. Correct location id is, 449306

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: 06/01/2020 Email: dwatt@hpres.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

402410183 TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)