

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:

402427053

Date Received:

06/20/2020

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

438749

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>IMPETRO RESOURCES LLC</u>	Operator No: <u>10690</u>	Phone Numbers
Address: <u>2820 LOGAN DRIVE</u>		Phone: <u>(970) 593-8626</u>
City: <u>LOVELAND</u>	State: <u>CO</u>	Zip: <u>80538</u>
Contact Person: <u>Sam Bradley</u>		Mobile: <u>()</u>
		Email: <u>sbradley.impetro@gmail.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400642520

Initial Report Date: 07/10/2014 Date of Discovery: 06/30/2014 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENW SEC 23 TWP 3S RNG 52W MERIDIAN 6Latitude: 39.783110 Longitude: -103.174320Municipality (if within municipal boundaries): _____ County: WASHINGTON

Reference Location:

Facility Type: _____ ☐ Facility/Location ID No. _____
 Spill/Release Point Name: _____ ☒ Well API No. (Only if the reference facility is well) 05-121-08978
☐ 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? No

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

Estimated Oil Spill Volume(bbl): >=1 and <5Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >0 and <1Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 1.5 barrels combined produced water and oil

Land Use:

Current Land Use: CROP LAND Other(Specify): _____Weather Condition: clearSurface Owner: FEE Other(Specify): Roger Hickert

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):

A leak in the flowline between the Scheetz #4 well and the Scheetz "P" tank battery was discovered by the landowner. The line was repaired and approximately 36 yards of impacted soil was excavated from the point of the break and adjacent field and sent to a commercial landfill. The landowner requested that this excavation be backfilled right away so he could finish planting.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/13/2014	Landowner	Roger Hickert	970-3832389	please backfill right away
7/1/2014	Wash. County	Mike Caleb	970-5542008	e-mail details for county records (done)

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 ☐

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 06/17/2020
Root Cause of Spill/Release Unknown (Historical)	
Other (specify) _____	
Type of Equipment at Point of Spill/Release: Wellhead Line	
If "Other" selected above, specify or describe here:	
<div></div>	
Describe Incident & Root Cause (include specific equipment and point of failure)	
<div>Unknown. Met with pumper and landowner. They do not recall the root cause.</div>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<div>Annual pressure testing and 5 visual inspections per week with pressure monitoring and flow monitoring between the well and treater.</div>	
Volume of Soil Excavated (cubic yards):	36
Disposition of Excavated Soil (attach documentation)	<input checked="" type="checkbox"/> Offsite Disposal Onsite Treatment
	<input type="checkbox"/> 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:

Met with the landowner and pumper. They both remember soil being hauled off and clean soil being hauled in. Both of them say there has not been any crop issues along the flowline corridor. Neither of them recall the location. A aerial photo has been attached of the corridor and pictures have been attached of the current crops growing. Requesting closure.

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

Signed: _____ Print Name: Sam Bradley

Title: Managing Member Date: 06/20/2020 Email: sbradley.impetro@gmail.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402427054	AERIAL PHOTOGRAPH
402427055	OTHER
402427056	OTHER

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)