

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:

402430365

Date Received:

06/26/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

438226

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>	<b>Phone Numbers</b>
Address: <u>1801 CALIFORNIA STREET #2500</u>		Phone: <u>(303) 774-3985</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(720) 236-5525</u>
Contact Person: <u>David Tewkesbury</u>		Email: <u>david.tewkesbury@crestonepr.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400642326

Initial Report Date: 07/10/2014 Date of Discovery: 07/04/2014 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENW SEC 26 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.114900 Longitude: -104.746660

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

Reference Location:

Facility Type: WELL  Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: \_\_\_\_\_  Well API No. (Only if the reference facility is well) 05-123-37760

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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>&gt;=1 and &lt;5</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: \_\_\_\_\_

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Clear

Surface Owner: FEE Other(Specify): TBD

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):

While flowing back, a gasket failure on iron connection on the inlet to the manifold created a release/spill. It was immediately closed in and recovered via vacuum truck.

List Agencies and Other Parties Notified:

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
7/4/2014	COGCC	Canfield	303-894-2100	N/A
7/4/2014	Land Owner	N/A	-	

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:	06/26/2020			
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown		
OIL	0	0	<input type="checkbox"/>		
CONDENSATE	0	0	<input type="checkbox"/>		
PRODUCED WATER	5	5	<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 &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>					
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>					
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):	0	Width of Impact (feet):	0
		Depth of Impact (feet BGS):	0	Depth of Impact (inches BGS):	0
How was extent determined?					
Approximately 5 barrels of produced-water were released on July 14, 2014; the produced-water was immediately recovered via vacuum truck. On June 15, 2020, two samples were collected at the spill/release point: one north of the well head and one south of the well head. Both samples were field screened using a photoionization detector (PID). The sample with the highest PID field screen reading (S01@6") was submitted for analysis of organic constituents (TPH and BTEX). The sample fell within COGCC Table 910-1 allowable limits for all constituents of concern indicating no soil impacts from this historical release remain.					
Soil/Geology Description:					
Olney loamy sand.					

Depth to Groundwater (feet BGS) 40 Number Water Wells within 1/2 mile radius: 12  
 If less than 1 mile, distance in feet to nearest Water Well 575 None  Surface Water 3950 None   
 Wetlands 3800 None  Springs          None   
 Livestock 200 None  Occupied Building 340 None

Additional Spill Details Not Provided Above:

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/26/2020

Root Cause of Spill/Release Equipment Failure  
 Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Manifold Piping  
 If "Other" selected above, specify or describe here:

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

While flowing back, a gasket failure on the iron connection on the inlet to the manifold created a release/spill.

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

The failed equipment has been replaced and will be monitored according to routine maintenance intervals.

Volume of Soil Excavated (cubic yards):         

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:

This Form 19 Supplemental is being submitted to request closure for the Spill/Release ID (438226) and to include the Corrective Actions summary to the Form 19 Initial report. Results of the remedial investigation activities, including a site map and laboratory analytical results, are provided.

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

Signed: \_\_\_\_\_ Print Name: Maggie Graham  
 Title: Senior Project Manager Date: 06/26/2020 Email: Maggie.graham@apexcos.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

402432005	OTHER
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)