

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: CRESTONE PEAK RESOURCES OPERATING LLC	Operator No: 10633	Phone Numbers
Address: 1801 CALIFORNIA STREET #2500		Phone: (303) 774-3985
City: DENVER	State: CO	Mobile: (720) 236-5525
Zip: 80202		Email: david.tewkesbury@crestonepr.com
Contact Person: David Tewkesbury		

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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=1 and <5

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): 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		
FLUIDS	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? NO 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) <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): _____	
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.			

Number Water Wells within 1/2 mile radius: 12

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	06/26/2020
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Root Cause of Spill/Release	Equipment Failure
<p>1. Human Factors:</p> <ul style="list-style-type: none"> Operator error (e.g., incorrect valve operation, misreading gauges) Improper maintenance or inspection Lack of training or experience Communication breakdowns 	<p>2. Equipment Failure:</p> <ul style="list-style-type: none"> Malfunctioning valves or actuators Worn or damaged seals/gaskets Corrosion or degradation of components Exceeding design limits or capacity Improper installation or configuration

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)	<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment
	<input type="checkbox"/> Other (specify)	

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbbs): 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**

	Based on the information presented, it is concluded that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be impacted, then further investigation and/or further remediation activities may be required. In addition, the surface area disturbed by the remediation activity shall be reclaimed in accordance with the 1000 Series Reclamation Rules.
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Attachment Check List**Att Doc Num****Name**

402430365	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402432005	OTHER
402432319	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)