FORM 19 Rev 01/20

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number: 402431481
Date Received: 06/25/2020

Spill report taken by: CHESSON, BOB

Spill/Release Point ID: 476932

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 INFORMATON

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC Operator No: 8960

Address: 410 17TH STREET SUITE #1400

City: DENVER State: CO Zip: 80202

Contact Person: Luke Kelly

Phone Numbers

Phone: (720) 315-8934

Mobile: ( )

Email: LKelly@Bonanzacrk.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402423958

Initial Report Date: 06/16/2020 Date of Discovery: 06/15/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWSE SEC 26 TWP 5N RNG 63W MERIDIAN 6

Latitude: 40.364866 Longitude: -104.403063

`Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No

Spill/Release Point Name: State North Platte U41-35-1XRLNB WH ☒ Well API No. (Only if the reference facility is well) 05-123-46431

☐ 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 <5 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): Range Land

Weather Condition: Clear, 90's

Surface Owner: STATE 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):

A fitting on the State North Platte U41-35-1XRLNB wellhead worked loose resulting in approximately 4.5 bbls of oil being released to the plated ground surface. The release was completely contained to the well pad. The impacted soil was removed and hauled to a COGCC approved disposal facility. Confirmation soil samples will be collected and submitted for laboratory analysis. Analytical results will be included in a subsequent Form 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/16/2020	Weld CO OEM	Roy Rudisill	-on file	Notified of release via OEM Report
6/16/2020	SLB	Steve Freese	-on file	Notified of release

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: 06/25/2020

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	4	0	☐
CONDENSATE	0	0	☐
PRODUCED WATER	0	0	☐
DRILLING FLUID	0	0	☐
FLOW BACK FLUID	0	0	☐
OTHER E&P WASTE	0	0	☐

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) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 10 Width of Impact (feet): 10

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

How was extent determined?

The extent of the release was determined through visual delineation.

Soil/Geology Description:

Valent Sand, 3-9% Slopes

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest						
	Water Well	1380	None ☐	Surface Water	2040	None ☐
	Wetlands		None ☒	Springs		None ☒
	Livestock		None ☒	Occupied Building	1915	None ☐

Additional Spill Details Not Provided Above:

The fitting responsible for the release was replaced and the impacted soil was removed and hauled to a COGCC approved disposal facility. Confirmation soil samples are scheduled to be collected and will be submitted for laboratory analysis. Analytical results will be included in a subsequent Form 19.

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:

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

Signed: Print Name: Luke Kelly

Title: Senior Env. Specialist Date: 06/25/2020 Email: LKelly@Bonanzacrk.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
402431481	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402431573	SITE MAP
402434803	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)