

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:

402435436

Date Received:

07/02/2020

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

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>D90 ENERGY LLC</u>	Operator No: <u>10706</u>	Phone Numbers
Address: <u>202 TRAVIS STREET #402</u>		Phone: <u>(713) 227-0391</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		Mobile: <u>()</u>
Contact Person: <u>Kevin Oakes</u>		Email: <u>kevin@d90energy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402435436

Initial Report Date: 07/01/2020 Date of Discovery: 07/01/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWNW SEC 11 TWP 6S RNG 54W MERIDIAN 6

Latitude: 39.545180 Longitude: -103.414600

Municipality (if within municipal boundaries): _____ County: LINCOLN

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: Big Sky 5-11 Well API No. (Only if the reference facility is well) 05-073-06552

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>>=1 and <5</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>>=1 and <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: CROP LAND Other(Specify): _____

Weather Condition: Sunny, no clouds

Surface Owner: FEE Other(Specify): Landowner

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):

Gauger checked on location and noticed a release from the flowline. He immediately shut in the well and locked out line at both ends to stop release. Called roustabout to bring equipment to clean up. A company is bringing a roll off to dispose of contaminated soil. Called Susan Sherman to notify of event. Kevin emailed Jason at COGCC to notify of release. Will contact landowner and Lincoln County. Estimated about 1bbl of crude released and 4-5 of water.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/1/2020	COGCC	Susan Sherman	719-775	1111

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

OPERATOR COMMENTS:

Original was returned to draft, updated estimate of bbls and water released.

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

Signed: _____ Print Name: Kevin Oakes

Title: Vice President Date: 07/02/2020 Email: kevin@d90energy.com

COA Type	Description
	Operator shall provide root cause of spill and prevention procedures on Form 19 Supplemental within 10 days of spill as required per Rule 906.b
	Operator shall delineate vertical and horizontal extent of release through hand auger and/or soil borings. A PID may be used to delineate extent. Confirmation soils samples must be obtained to determine compliance with COGCC Table 910-1 constituents. All affected soils must be remediated in situ or removed and disposed of at an approved waste management facility.

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
Environmental	1) Operator states on this Form 19 that spill did not leave containment but COGCC inspection 688308138 found that spill was outside containment. 2) Spilled fluid totals 6 barrels of produced water and crude oil. This meets the threshold for reporting to Surface Owner and Local Government Designee however these contacts are not listed on the Form 19.	07/02/2020

Total: 1 comment(s)