

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:

402474986

Date Received:

08/25/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

477733

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>PETROSHARE CORPORATION</u>	Operator No: <u>10454</u>	Phone Numbers
Address: <u>9635 MAROON CIRCLE #400</u>		Phone: <u>(720) 441-0716</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</u>		Mobile: <u>(303) 349-0302</u>
Contact Person: <u>Devin Brown</u>		Email: <u>dbrown@petorsharecorp.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402474986

Initial Report Date: 08/25/2020 Date of Discovery: 08/25/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWNE SEC 2 TWP 1S RNG 67W MERIDIAN 6

Latitude: 39.996667 Longitude: -104.852500

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

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: Guthrie Abner #1 Well API No. (Only if the reference facility is well) 05-001-06251

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>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>>=1 and <5</u>

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: 95 F and dry

Surface Owner: FEE 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):

The well had been shut-in for offset frac mitigation. An RBP on tubing was set at 7620' over the Codell perms at 7734'. When the rig crew began to circulate water via tubing they noticed drilling mud flowing from the ground around the wellhead. They had pumped 10 bbls at this time. Pumping was stopped and the flow stopped. Tubing and casing pressures were 280 psi. Pressure was bled off to rig tank and well remained at zero psi. Operations were suspended until heavy brine was brought to the site to be used as kill fluid, if needed. The workover rig was rigged down and drilling rig mats were brought in and set as a precaution to provide foundation reinforcement for the workover rig. A casing inspection log is scheduled for 8/26/20.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/25/2020	Adams County	Greg Dean	720-523-6891	pending

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:

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

Signed: _____ Print Name: Devin Brown

Title: Operations Manager Date: 08/25/2020 Email: dbrown@petorsharecorp.com

COA Type

Description

	Operator must contact COGCC Engineering Group.
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Attachment Check List

Att Doc Num

Name

402474986	SPILL/RELEASE REPORT(INITIAL)
402476504	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)