

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402483544

Date Received:

09/08/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

477733

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>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>()</u>
Contact Person: <u>Devin Brown</u>		Email: <u>dbrown@petrosharecorp.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

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/08/2020

Root Cause of Spill/Release Corrosion

Other (specify) _____

Type of Equipment at Point of Spill/Release: Other

If "Other" selected above, specify or describe here:

Mud and water were circulating to surface near the wellhead.

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

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. A gauge ring run indicated the RBP was still in place and the casing had not collapsed. A casing inspection log was run and it showed signs of corrosion and possible holes in the production casing from 200 ft to surface. It's believed that these holes and the lack of cement in the annulus between the surface casing and production casing allowed a path for water to circulate to surface. A gas analysis was performed on gas extracted from the mud sample. It consists of 98.14 normalized mole percentage of oxygen & nitrogen. Hydrocarbon percentage does not exceed COGCC Table 910-1.

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

The well has been plugged & abandoned as of 9/4/2020. The well passed a bradenhead test prior to plugging. The area around the wellhead still needs to be excavated, and the casing cut & capped. That is scheduled for the week of 9/7/2020, when weather allows.

Volume of Soil Excavated (cubic yards): 2

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:

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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: 09/08/2020 Email: dbrown@petrosharecorp.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
402483548	ANALYTICAL RESULTS
402483832	DISPOSAL MANIFEST
402483845	OTHER

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)