

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:

402483798

Date Received:

09/08/2020

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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: GREAT WESTERN OPERATING COMPANY LLC	Operator No: 10110	Phone Numbers Phone: (720) 595-2132 Mobile: () Email: jdavidson@gwp.com
Address: 1001 17TH STREET #2000		
City: DENVER	State: CO Zip: 80202	
Contact Person: Jason Davidson		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402483798

Initial Report Date: 09/08/2020 Date of Discovery: 09/08/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SESE SEC 34 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.003812 Longitude: -104.869031

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 440806

Spill/Release Point Name: Marcus LD Pad

☐ Well API No. (Only if the reference facility is well) 05- -

☐ 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? No

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): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 2 bbls of oil and 2 bbls of produced water

Land Use:

Current Land Use: CROP LAND

Other(Specify):

Weather Condition: Raining and windy, 35 degrees F

Surface Owner: FEE

Other(Specify): Carroll Marcus

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 leak from the fire tube gasket associated with a bulk treater, resulted in the release of approximately 2 bbls of oil and 2 bbls of water all within unlined secondary containment. The release occurred at approximately 8:40 am on Tuesday, September 8, 2020 and was completely contained on-site. Surface water was not impacted, no injuries occurred as a result of the release, and cleanup is ongoing.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/8/2020	Weld County	Jason Maxey	--	Email: jmaxey@weldgov.com
9/8/2020	Weld County	Jay Mcdonald	--	Email: jmcdonald@weldgov.com
9/8/2020	COGCC	Kari Oakman	--	Email: kari.oakman@state.co.us
9/8/2020	Landowner	Carroll Marcus	303-638-5415	Great Western phone conversation at 12:14 pm

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: 09/08/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	2	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	2	0	<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: Clean-up is ongoing. The "bbls recovered" will be updated in a Supplemental Form 19

Was spill/release completely contained within berms or secondary containment? YES 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): _____ Width of Impact (feet): _____

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

How was extent determined?

Not yet determined

Soil/Geology Description:

Nunn loam, 1 to 3 percent slopes

Depth to Groundwater (feet BGS) 25

Number Water Wells within 1/2 mile radius: 12

If less than 1 mile, distance in feet to nearest

Water Well 1200 None ☐

Surface Water 2180 None ☐

Wetlands 1600 None ☐

Springs None ☒

Livestock None ☒

Occupied Building 1180 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/08/2020

Root Cause of Spill/Release Equipment Failure

Other (specify)

Type of Equipment at Point of Spill/Release: Other

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

Bulk treater

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

A leak from the fire tube gasket associated with a bulk treater, resulted in the release. The root cause has not yet been determined.

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

Not yet determined

Volume of Soil Excavated (cubic yards): 0

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:

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

Signed: Print Name: Jason Davidson

Title: Senior EHS Specialist Date: 09/08/2020 Email: j davidson@gwp.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402483826	TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)