

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:

402502927

Date Received:

10/05/2020

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

477138

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>D90 ENERGY LLC</u>	Operator No: <u>10706</u>	<b>Phone Numbers</b>
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>
Contact Person: <u>Kevin Oakes</u>		Mobile: <u>( )</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): >=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: \_\_\_\_\_

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

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 10/05/2020

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	2	2	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	4	4	<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: \_\_\_\_\_

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): 50 Width of Impact (feet): 26

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 6

How was extent determined?

This was done from the company who came and did the soil testing for us. It is documented on analytic reports

Soil/Geology Description:

Clay like

Depth to Groundwater (feet BGS) 32 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well \_\_\_\_\_ None  Surface Water \_\_\_\_\_ None

Wetlands \_\_\_\_\_ None

Springs \_\_\_\_\_ None

Livestock \_\_\_\_\_ None

Occupied Building \_\_\_\_\_ None

Additional Spill Details Not Provided Above:

Empty rectangular box for additional spill details.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/05/2020

Root Cause of Spill/Release Equipment Failure

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Gathering Line

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

Empty rectangular box for specifying other equipment.

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

A flowling had malfunction. Gauger shut in the line from both ends to contain release.

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

Gaugers dug out around old pipe and installed new poly pipe at the location.

Volume of Soil Excavated (cubic yards): \_\_\_\_\_

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:

Empty rectangular box for 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: Kevin Oakes

Title: Vice President Date: 10/05/2020 Email: kevin@d90energy.com

### COA Type

### Description

Empty table with two columns: COA Type and Description.

### Attachment Check List

**Att Doc Num**

**Name**

402502947

ANALYTICAL RESULTS

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)