

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:

402503285

Date Received:

10/05/2020

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

478235

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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u> | Operator No: <u>8960</u> | Phone Numbers |
| Address: <u>410 17TH STREET SUITE #1400</u> | | Phone: <u>(720) 315-8934</u> |
| City: <u>DENVER</u> | State: <u>CO</u> | Zip: <u>80202</u> |
| Contact Person: <u>Luke Kelly</u> | | Mobile: <u>()</u> |
| | | Email: <u>LKelly@Bonanzacrck.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402503285

Initial Report Date: 10/05/2020 Date of Discovery: 10/04/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NESW SEC 21 TWP 5N RNG 63W MERIDIAN 6

Latitude: 40.381481 Longitude: -104.447082

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 455363

Spill/Release Point Name: North Platte I-21 Separator 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? 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Specify: _____

Land Use:

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

Weather Condition: Clear 70's

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):

A separator released approximately 5 bbls of produced water and 10 bbls of oil to the ground outside of containment. The cause of the release is still under investigation, but is believed to be related to internal corrosion and the improper installation of a drain plug. The release was completely contained to the pad footprint. The impacted media will be removed and hauled to a COGCC approved disposal facility. Confirmation soil samples will be collected and submitted for laboratory analysis. Soil samples will be analyzed for TPH-DRO, TPH-GRO, BTEX, pH, EC, and SAR. Analytical results will be included in a supplemental Form 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|-----------------|--------------|----------|-------------------------------|
| 10/5/2020 | Weld County OEM | Roy Rudisill | -on file | Notified via OEM Spill Report |
| 10/5/2020 | Surface Owner | on file | -on file | Notified of release |

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:

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

Signed: _____ Print Name: Luke Kelly

Title: Senior Env. Specialist Date: 10/05/2020 Email: LKelly@Bonanzacrk.com

COA Type

Description

| COA Type | Description |
|----------|-------------|
| | |

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------------------|
| 402503285 | SPILL/RELEASE REPORT(INITIAL) |
| 402503474 | TOPOGRAPHIC MAP |
| 402503628 | FORM 19 SUBMITTED |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

| User Group | Comment | Comment Date |
|------------|---------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)