

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:

402502038

Date Received:

10/01/2020

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

478127

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>HIGHPOINT OPERATING CORPORATION</u>	Operator No: <u>10071</u>	Phone Numbers
Address: <u>555 17TH ST STE 3700</u>		Phone: <u>(303) 2939100</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>()</u>
Contact Person: <u>Rusty Frishmuth</u>		Email: <u>rfrishmuth@hpres.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402498099

Initial Report Date: 09/25/2020 Date of Discovery: 09/25/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWNW SEC 2 TWP 4N RNG 62W MERIDIAN 6

Latitude: 40.344861 Longitude: -104.300947

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

Reference Location:

Facility Type: OTHER Facility/Location ID No 436165

Spill/Release Point Name: RSU (AS 2) LACT UNIT SPILL 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? 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): 0

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

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): OIL AND GAS PRODUCTION

Weather Condition: CLEAR/SUNNY

Surface Owner: STATE 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):

At approximately 15:26 hrs., the valve on Lact Unit was left open causing the unit to overflow with crude oil. 1 bbl of crude oil spilled.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/26/2020	Weld County OEM	D. Burn	-	online form
9/26/2020	Land owner	on file	-	call/email

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: 10/01/2020

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	1	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	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: _____

Was spill/release completely contained within berms or secondary containment? NO 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): 20 Width of Impact (feet): 1

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

How was extent determined?

Field Measurement

Soil/Geology Description:

Valent Sand

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest
 Water Well 735 None Surface Water 1996 None
 Wetlands _____ None Springs _____ None
 Livestock 100 None Occupied Building _____ None

Additional Spill Details Not Provided Above:

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: Dustin Watt

Title: EHS Specialist Date: 10/01/2020 Email: dwatt@hpres.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402502038	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402502045	TOPOGRAPHIC MAP
402504505	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Operator will verify location of water well with Receipt 0038962, Permit 229499 on future submittals	10/06/2020

Total: 1 comment(s)