

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402502950

Date Received:

10/05/2020

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

477881

## 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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	<b>Phone Numbers</b>
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@Bonanzacrk.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402485343

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

#### Spill/Release Point Location:

QTRQTR SWSW SEC 34 TWP 5N RNG 63W MERIDIAN 6Latitude: 40.348840 Longitude: -104.429914Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: OFF-LOCATION FLOWLINE☒ Facility/Location ID No 464116Spill/Release Point Name: Park U-4-9XRLC Flowline☐ 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): >=100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Overcast , 40'sSurface 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 cause of the release and total release volume are currently under investigation. However, it is believed that internal corrosion on an off location flowline caused a currently unknown volume of oil to be released to the ground and subsurface. The well was immediately shut in to stop the flow. Vacuum trucks were immediately dispatched to remove the pooled product. Following utility locates, the impacted soil will be removed and hauled to a COGCC approved disposal facility. Confirmation soil samples will be collected and submitted for laboratory analysis. Analytical results will be included in a subsequent eForm 19.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
9/9/2020	Weld County OEM	Roy Rudisill	-on file	notified via OEM report
9/9/2020	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 ☐

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 10/05/2020		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	1120	200	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	280	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): 180 Width of Impact (feet): 100

Depth of Impact (feet BGS): 10 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

The extent of the release was determined through visual delineation, field screening, and laboratory analysis.

Soil/Geology Description:

Aquolls and aquent, gravelly substratum

Depth to Groundwater (feet BGS) 3 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest	Water Well	960	None	<input type="checkbox"/>	Surface Water	1220	None	<input type="checkbox"/>
	Wetlands	900	None	<input type="checkbox"/>	Springs		None	<input checked="" type="checkbox"/>
	Livestock		None	<input checked="" type="checkbox"/>	Occupied Building	890	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

The 3-phase flowline and other pressurized lines (12 total) were all isolated and blown down. Approximately 200 bbls of oil were recovered from the surface release. The first two feet of impacted surface material was removed and hauled to a COGCC approved disposal facility. The linear footprint of the release was delineated using a backhoe to dig potholes around the release. Soil and groundwater samples were collected and submitted for laboratory analysis. Groundwater was determined to be impacted through visual observation and the CDPHE was notified on 9/10/2020, report number 2020-0425. On 9/18/2020 a geoprobe was utilized to vertically delineate the release footprint. Remediation is continuing under Form 27 Doc# 402492917.

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/05/2020

Root Cause of Spill/Release Corrosion

Other (specify)

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

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

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

Internal corrosion on a three-phase wellhead line allowed approximately 1400 bbls of oil and produced water to be released the ground and subsurface. The corrosion occurred on the bottom (6 o'clock position) of the wellhead line. The exact cause of the corrosion is still under investigation but it is believed to be associated primarily with iron oxidizing bacteria.

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

The section of compromised line was removed and replaced. Hydrostatic pressure testing will be conducted to verify the integrity of the new section and remaining portions of line. The additional lines in the ROW will also be tested to ensure their integrity. Once production is brought back online a full time chemical program will be implemented to reduce the risk of chemical and bacteria related corrosion.

Volume of Soil Excavated (cubic yards): 400

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal Onsite Treatment

☐ Other (specify)

Volume of Impacted Ground Water Removed (bbls): 2000

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: 15983

## 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

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

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402502950	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402508236	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)