

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:

402491404

Date Received:

10/20/2020

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

478047

### 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>CORAL PRODUCTION CORP</u>	Operator No: <u>20275</u>	<b>Phone Numbers</b>
Address: <u>1600 STOUT ST STE 1500</u>		Phone: <u>(303) 6233573</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>( )</u>
Contact Person: <u>JIM WIEGER</u>		Email: <u>jimwieger@qwestoffice.net</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402486573

Initial Report Date: 09/11/2020 Date of Discovery: 09/10/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR NENE SEC 30 TWP 2S RNG 52W MERIDIAN 6

Latitude: 39.857008 Longitude: -103.239274

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WASHINGTON

#### Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 317308

Spill/Release Point Name: LINDA 2  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? 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: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: OVERCAST, COLD

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):

TREATER PLUGGED OFF CAUSING WATER TO FILL PRODUCTION TANK. TANK WAS OVERTOPPED CAUSING PRODUCTION FLUID TO RUN IN TO CONTAINMENT. WELL WAS SHUT IN UPON DISCOVERY. FREE FLUID WILL BE RECOVERED BY VAC TRUCK. AFFECTED SOIL WILL BE EXCAVATED AND STOCKPILED ON LOCATION FOR SUBSEQUENT DISPOSAL AT APPROVED LANDFILL.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/14/2020	WASHINGTON COUNTY EM	BRYANT MCCALL	970-6308662	MESSAGE, NO REPLY

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:	09/11/2020			
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown		
OIL	55	50	<input type="checkbox"/>		
CONDENSATE	0	0	<input type="checkbox"/>		
PRODUCED WATER	75	70	<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? <u>YES</u> Was an Emergency Pit constructed? <u>NO</u>					
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>					
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>					
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature					
Surface Area Impacted: Length of Impact (feet):		38	Width of Impact (feet): 30		
Depth of Impact (feet BGS):		1	Depth of Impact (inches BGS): 6		
How was extent determined?					
area within containment; depth of excavation to clean soil;					
Soil/Geology Description:					
Sandy loam					
Depth to Groundwater (feet BGS)		160	Number Water Wells within 1/2 mile radius: 0		
If less than 1 mile, distance in feet to nearest		Water Well	None <input checked="" type="checkbox"/>	Surface Water	None <input checked="" type="checkbox"/>

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: 09/14/2020

Root Cause of Spill/Release Equipment Failure

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

Type of Equipment at Point of Spill/Release: Vertical Heater Treater

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)

treater malfunction; excess fluid was sent to production tank causing overtopping;

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

clean out treater;

Volume of Soil Excavated (cubic yards): 36

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: JIM WIEGER

Title: geologist Date: 10/20/2020 Email: jimwieger@qwestoffice.net

### COA Type

### Description

Empty table with two columns: COA Type and Description.

### Attachment Check List

**Att Doc Num**      **Name**

402514454	ANALYTICAL RESULTS
402514457	ANALYTICAL RESULTS

Total Attach: 2 Files

**General Comments**

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)