

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>	Phone Numbers
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			
FLUIDS	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 & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>					
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) <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): _____		
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**

	Based on the information presented, it appears that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be impacted, then further investigation and/or remediation activities may be required. In addition, the surface area disturbed by the remediation activity shall be reclaimed in accordance with the 1000 Series Reclamation Rules.
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Attachment Check List**Att Doc Num****Name**

402491404	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402514454	ANALYTICAL RESULTS
402514457	ANALYTICAL RESULTS
402515686	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)