

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:

402516793

Date Received:

10/22/2020

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

470960

## 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>RED HAWK PETROLEUM LLC</u>	Operator No: <u>10503</u>	<b>Phone Numbers</b>
Address: <u>575 N DAIRY ASHFORD STE 201</u>		Phone: <u>(713) 5747912</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Mobile: <u>(832) 6914322</u>
Zip: <u>77079</u>		Email: <u>wboyd@pedevco.com</u>
Contact Person: <u>William Boyd</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402292768

Initial Report Date: 01/23/2020 Date of Discovery: 01/23/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR NENE SEC 14 TWP 8N RNG 62W MERIDIAN 6

Latitude: 40.667811 Longitude: -104.279250

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

#### Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: Planck 1-14H

☐ 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): 0

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: Clear skies, windy 15-20 mph

Surface Owner: FEE

Other(Specify): Peter Freeman

#### 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):

Spill was discovered approximately 0630 mountain time on 1/23/2020. Root cause and needed repairs are presently being determined.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/23/2020	Weld County	Jason Maxey	970-4003580	
1/23/2020	Weld County OEM	Roy Rudisill	970-3046540	

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 ☐

### 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: William Boyd

Title: Land & Regulatory Manager Date: 10/22/2020 Email: wboyd@pedevco.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

402516794	SITE MAP
402516795	DISPOSAL MANIFEST
402516796	ANALYTICAL RESULTS

Total Attach: 3 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)