

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:

402522029

Date Received:

10/29/2020

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

476932

### 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@Bonanzacrck.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402423958

Initial Report Date: 06/16/2020 Date of Discovery: 06/15/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR SWSE SEC 26 TWP 5N RNG 63W MERIDIAN 6

Latitude: 40.364866 Longitude: -104.403063

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

#### Reference Location:

Facility Type: WELL  Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: State North Platte U41-35-1XRLNB WH  Well API No. (Only if the reference facility is well) 05-123-46431

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): Range Land

Weather Condition: Clear, 90's

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):

A fitting on the State North Platte U41-35-1XRLNB wellhead worked loose resulting in approximately 4.5 bbls of oil being released to the plated ground surface. The release was completely contained to the well pad. The impacted soil was 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 Form 19.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/16/2020	Weld CO OEM	Roy Rudisill	-on file	Notified of release via OEM Report
6/16/2020	SLB	Steve Freese	-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:	10/29/2020		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	4	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? <u>NO</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): <u>10</u>	Width of Impact (feet): <u>10</u>	
		Depth of Impact (feet BGS): _____	Depth of Impact (inches BGS): <u>3</u>	
How was extent determined?				
The extent of the release was determined through visual delineation and laboratory analysis.				
Soil/Geology Description:				
Valent Sand, 3-9% Slopes				
Depth to Groundwater (feet BGS) <u>20</u>		Number Water Wells within 1/2 mile radius: <u>2</u>		

If less than 1 mile, distance in feet to nearest Water Well 1380 None  Surface Water 2040 None   
 Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None   
 Livestock \_\_\_\_\_ None  Occupied Building 1915 None

Additional Spill Details Not Provided Above:

The fitting responsible for the release was replaced and the impacted soil was removed and hauled to a COGCC approved disposal facility. Confirmation soil samples were collected and submitted for laboratory analysis for TPH-DRO, TPH-GRO, and BTEX under EPA Method 8015D and 8260D, respectively. Analytical results indicate compliance with COGCC Table 910-1 concentrations. BCEOC respectfully requests and NFA determination.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/29/2020

Root Cause of Spill/Release Incorrect Operations (Human Error)

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

Type of Equipment at Point of Spill/Release: Other

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

Wellhead fitting

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

A loose fitting on the State North Platte U41-35-1XRLNB wellhead released approximately 4.5 bbls of oil to the ground surface.

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

BCEOC personnel and contractors are coached on checking fittings during site visits to ensure everything is in working order.

Volume of Soil Excavated (cubic yards): 2

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:

\_\_\_\_\_

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: 10/29/2020 Email: LKelly@Bonanzacrk.com

COA Type	Description

### Attachment Check List

**Att Doc Num**

**Name**

402522042

ANALYTICAL RESULTS

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)