

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:

402246939

Date Received:

11/22/2019

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

469342

SPILL/RELEASE REPORT (INITIAL)

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: EVERGREEN NATURAL RESOURCES LLC	Operator No: 10705	Phone Numbers
Address: 1801 BROADWAY SUITE 350		Phone: (719) 846-7898
City: DENVER State: CO Zip: 80202		Mobile: ()
Contact Person: Cheri Morgan		Email: cheri.morgan@enrllc.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402246939

Initial Report Date: 11/22/2019	Date of Discovery: 11/20/2019	Spill Type: Recent Spill
Spill/Release Point Location:		
Location of Spill/Release: QTRQTR SENW SEC 19 TWP 33S RNG 65W MERIDIAN 6		
Latitude: 37.157620 Longitude: -104.715970		
Municipality (if within municipal boundaries):	County: LAS ANIMAS	
Reference Location:		
Facility Type: WELL	<input type="checkbox"/> Facility/Location ID No	
Spill/Release Point Name: Mltzi	<input type="checkbox"/> No Existing Facility or Location ID No.	
Number: 22-19	<input checked="" type="checkbox"/> Well API No. (Only if the reference facility is well) 05-071-09044	
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): 0	Estimated Condensate Spill Volume(bbl): 0	
Estimated Flow Back Fluid Spill Volume(bbl): 0	Estimated Produced Water Spill Volume(bbl): >=1 and <5	
Estimated Other E&P Waste Spill Volume(bbl): 0	Estimated Drilling Fluid Spill Volume(bbl): 0	
Specify:		
Land Use:		
Current Land Use: NON-CROP LAND	Other(Specify):	
Weather Condition: Cold and Rainy		
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 <input type="checkbox"/>	Residence/Occupied Structure <input type="checkbox"/>	Livestock <input type="checkbox"/>
Public Byway <input type="checkbox"/>	Surface Water Supply Area <input type="checkbox"/>	
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):

Tom Beardslee with the COGCC found a broken valve at the gathering line off the wellhead of the leaking on location. A lease operator was dispatched and isolated the leak immediately. It is estimated at this time 2bbls of produced water leaked across location, due to current rain in the area, stormwater impact from snow may have played a factor and contributed to the amount and saturation. The spill did leave location, but NO waters of the state were breached. The lessee of the ranch was notified. Root cause investigation is ongoing & further repairs are in progress.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/21/2019	COGCC	Jason Kosola	-	Email
11/21/2019	LACOG	Robet Lucero	-	Email
11/21/2019	Landowner	DAVID & MARY OWEN	-	Letter

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

OPERATOR COMMENTS:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Cheri Morgan

Title: Regulatory Specialist Date: 11/22/2019 Email: cheri.morgan@enrllc.com

COA Type

Description

	Operator shall provide root cause of spill and prevention procedures on Form 19 Supplemental within 10 days of spill as required per Rule 906.b
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Attachment Check List

Att Doc Num	Name
402246939	SPILL/RELEASE REPORT(INITIAL)
402246957	TOPOGRAPHIC MAP
402247581	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)