

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:

402545841

Date Received:

12/03/2020

Spill report taken by:

Arauz, Steven

Spill/Release Point ID:

478649

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>GRAND RIVER GATHERING LLC</u>	Operator No: <u>10403</u>	Phone Numbers
Address: <u>999 18TH STREET #3400S</u>		Phone: <u>(701) 339-1720</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(701) 339-1720</u>
Zip: <u>80202</u>		Email: <u>harold.rhodes@summitmidstream.com</u>
Contact Person: <u>Harold Rhodes</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402538875

Initial Report Date: 11/24/2020 Date of Discovery: 11/20/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENW SEC 15 TWP 7S RNG 93W MERIDIAN 6

Latitude: 39.451070 Longitude: -107.762719

Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: PIPELINE

☐ Facility/Location ID No _____

Spill/Release Point Name: C15W

☐ 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? 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: 38F, Scattered Clouds, wind 14mph

Surface Owner: OTHER (SPECIFY)

Other(Specify): Private

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):

Grand River Gathering was notified by 3rd party producer of a possible leak on the C15W pipeline on the well pad. Grand River Gathering Personnel were immediately dispatched to the C15W well pad location. Produced Water (PW) associated with the pipeline leak had largely saturated surface soil in the area immediately adjacent to the pipeline leak and within well pad containment berms. Field deliniation indicate that PW potentially travelled 8.5' off well pad. Enviromental Response crews have been dispatched and remediation of impacted ares will begin immediately. Based upon surface extent and depth of saturation, leak / produced water estimate is 1.3 bbls. Cause of leak will be determined following pipeline excavation and repair.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/24/2020	Garfield County EM	Sheriff Office	970-945 0453	NA
11/24/2020	Land Owner	Nathan Brady (SMS)	970-210 0225	left message with James L Rose family member

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: 12/03/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	1	1	<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? NO Was an Emergency Pit constructed? NO			
Secondary containment, including walls & floor regardless of construction material , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
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): 20		Width of Impact (feet): 22	
Depth of Impact (feet BGS): 6		Depth of Impact (inches BGS): 72	
How was extent determined?			
Field verified area was comprised of 3 areas. Combined total extent - 439 sqft, maximum depth of impact at point of release was <=72". Area 1- Point of release 27'x13' depth of impact at release verified at <=72", Area 2 - Along berm 36' x 2' depth of impact <=36", Area 3 - Berm travel path 8' x 2' depth of impact <=24". Extent of impact has been determined by the use of Soil Conductivity and Photoionization meter(s) and review of applicable NRCS soil survey / soil chemistry data.			
Soil/Geology Description:			
NRCS Soil Survey 71 - Villa Grove - Zoltay Loams			

Number Water Wells within 1/2 mile radius: 0

Additional Spill Details Not Provided Above:

12/3/2020 Excavation and disposal 95% complete. Effected line has been exposed, Leak located at the 6 oclock position. Root cause - Unknown at this time. Analytical samples will be recovered at affected area(s) and background locations

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.

☐ 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: Zak Covar

Title: VP-Compliance Date: 12/03/2020 Email: zcovar@summitmidstream.com

<u>COA Type</u>	<u>Description</u>
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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		Stamp Upon Approval
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Total: 0 comment(s)