

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:

402549917

Date Received:

12/09/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

478821

SPILL/RELEASE REPORT (INITIAL /w 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: GREAT WESTERN OPERATING COMPANY LLC	Operator No: 10110	Phone Numbers
Address: 1001 17TH STREET #2000		Phone: (720) 595-2132
City: DENVER State: CO Zip: 80202		Mobile: ()
Contact Person: Jason Davidson		Email: jdavidson@gwp.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402549917

Initial Report Date: 12/09/2020 Date of Discovery: 12/09/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWSE SEC 24 TWP 1S RNG 67W MERIDIAN 6

Latitude: 39.944887 Longitude: -104.834596

Municipality (if within municipal boundaries): County: ADAMS

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 440718
 Spill/Release Point Name: Schaefer 24-3-7HC 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): >=1 and <5	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: 3 bbls of oil and 12 bbls of produced water

Land Use:

Current Land Use: CROP LAND Other(Specify):
 Weather Condition: Slight winds, 50 degrees F
 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):

A separator equipment malfunction resulted in the release of approximately 12 barrels of produced water and 3 barrels of oil all within the unlined secondary separator containment. The release was discovered at approximately 9:30 am on December 9, 2020, and was completely contained on site. Surface water was not impacted, no injuries occurred as a result of the release, and cleanup is ongoing.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/9/2020	COGCC	Chris Canfield	--	Email: chris.canfield@state.co.us
12/9/2020	Adams County	Keith Huck	--	Email: khuck@adcogov.org
12/9/2020	Adams County	Gregory Dean	--	Email: gdean@adcogov.org
12/9/2020	Fire Department	Michael Schuppe	--	Email: mschuppe@brightonfire.org
12/9/2020	Landowner	Elane Schaefer	303-659-1056	GWOC Voice Message at 12:30 pm

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:	12/09/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	3	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	12	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: Clean-up is ongoing. The "BBL's RECOVERED" will be updated in a Supplemental Form 19.

Was spill/release completely contained within berms or secondary containment? YES 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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 30 Width of Impact (feet): 15

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

Visually during clean-up.

Soil/Geology Description:

Gravel/Roadbase

Depth to Groundwater (feet BGS) 25

Number Water Wells within 1/2 mile radius: 33

If less than 1 mile, distance in feet to nearest

Water Well 500 None

Surface Water 700 None

Wetlands 700 None

Springs _____ None

Livestock 550 None

Occupied Building 450 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/09/2020

Root Cause of Spill/Release Equipment Failure

Other (specify) _____

Type of Equipment at Point of Spill/Release: Horizontal Heated Separator

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

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

A separator equipment malfunction resulted in the release. The root cause has not yet been determined.

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

Not yet determined.

Volume of Soil Excavated (cubic yards): _____

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: Jason Davidson

Title: Senior EHS Specialist Date: 12/09/2020 Email: jdavidson@gwp.com

COA Type**Description**

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Attachment List**Att Doc Num****Name**

402549917	SPILL/RELEASE REPORT(I/S)
402549944	TOPOGRAPHIC MAP
402553182	FORM 19 SUBMITTED

Total Attach: 3 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)