

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	<b>Phone Numbers</b> Phone: (720) 595-2132 Mobile: ( ) Email: jdavidson@gwp.com
Address: 1001 17TH STREET #2000		
City: DENVER	State: CO Zip: 80202	
Contact Person: Jason Davidson		

## 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		
<b>FLUIDS</b>	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)	<u>25</u>	Number Water Wells within 1/2 mile radius:	<u>33</u>
If less than 1 mile, distance in feet to nearest	Water Well <u>500</u>	None <input type="checkbox"/>	Surface Water <u>700</u> None <input type="checkbox"/>
	Wetlands <u>700</u>	None <input type="checkbox"/>	Springs <u>      </u> None <input checked="" type="checkbox"/>
	Livestock <u>550</u>	None <input type="checkbox"/>	Occupied Building <u>450</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

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	<input type="checkbox"/>
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Surface Water	700	None	<input type="checkbox"/>
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Wetlands	700	None	<input type="checkbox"/>
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Springs      None ☒

Livestock 550 None 

Occupied Building	450	None	<input type="checkbox"/>
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Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

Root Cause of Spill/Release	Equipment Failure
<p>1. Improperly installed or maintained equipment</p> <p>2. Equipment failure or malfunction</p> <p>3. Lack of proper training or knowledge</p> <p>4. Inadequate safety protocols</p> <p>5. Poor maintenance practices</p> <p>6. Human error or negligence</p> <p>7. Inadequate safety equipment</p> <p>8. Lack of proper labeling or identification</p> <p>9. Inadequate ventilation or containment</p> <p>10. Improper handling or storage</p>	<p>1. Faulty valves or seals</p> <p>2. Leaking pipes or hoses</p> <p>3. Malfunctioning pumps or compressors</p> <p>4. Damaged or worn-out equipment</p> <p>5. Improperly calibrated instruments</p> <p>6. Faulty electrical systems</p> <p>7. Inadequate safety features</p> <p>8. Poor quality components</p> <p>9. Inadequate testing or inspection</p> <p>10. Lack of proper documentation</p>

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 (bbbs): 0

## REQUEST FOR CLOSURE

Basis for Closure: ☒ Corrective Actions Completed (documentation attached)

☐ Work proceeding under an approved Form 27

Form 27 Remediation Project No:

**OPERATOR COMMENTS:**

Signed: \_\_\_\_\_ Print Name: Jason Davidson

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

<u>COA Type</u>	<u>Description</u>

**Attachment List**

<u>Att Doc Num</u>	<u>Name</u>
402549917	SPILL/RELEASE REPORT(I/S)
402549944	TOPOGRAPHIC MAP
402553182	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)