

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:

402565788

Date Received:

01/04/2021

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

478511

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>SIMCOE LLC</u> | Operator No: <u>10749</u> | Phone Numbers |
| Address: <u>THREE ALLEN CENTER, 333 CLAY ST SUITE 3900</u> | | Phone: <u>(505) 330-9179</u> |
| City: <u>HOUSTON</u> | State: <u>TX</u> | Mobile: <u>(505) 330-9179</u> |
| Zip: <u>77002</u> | | Email: <u>smoskal@ikavenergy.com</u> |
| Contact Person: <u>Steve Moskal</u> | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402527598

Initial Report Date: 11/07/2020 Date of Discovery: 11/06/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SESE SEC 18 TWP 34N RNG 6W MERIDIAN N

Latitude: 37.187768 Longitude: -107.539662

Municipality (if within municipal boundaries): _____ County: LA PLATA

Reference Location:

Facility Type: FLOWLINE SYSTEM

☐ Facility/Location ID No _____

Spill/Release Point Name: Secord 7U 34-6-1

☐ 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: Approximately 1.1 bbls produced water from off pad flowline

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): Access road

Weather Condition: Clear, breezy, 70F

Surface Owner: FEE

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):

Landowner report of pipeline leak. Upon assessment, identified produced water release associated with dual phase flowline between well pad and meter run on well pad access road. Measured approximately 26'x8'x1.5" saturation.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|--------------|----------------|--------------|---------------------|
| 11/6/2020 | Landowner | Private | --- | Reported release |
| 11/6/2020 | COGCC | Jim Hughes | 970-903-4072 | Left voicemail |
| 11/7/2020 | La Plata CO | Shawna LEgarza | --- | Email with response |

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 ☐

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:

The attached lab results indicated no remedial action required. Aresenic is elevated in both the area of the release as well as the background sample.

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

Signed: _____ Print Name: Steve Moskal

Title: Enviro Coord Date: 01/04/2021 Email: smoskal@ikavenergy.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|--------------------|
| 402565810 | SITE MAP |
| 402565826 | ANALYTICAL RESULTS |
| 402565827 | ANALYTICAL RESULTS |

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)