

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:

402573546

Date Received:

01/13/2021

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

440118

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>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>	Phone Numbers
Address: <u>1401 17TH STREET SUITE #1400</u>		Phone: <u>(970) 263-3641</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Joan Proulx</u>		Mobile: <u>()</u>
		Email: <u>jproulx@laramie-energy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400738112

Initial Report Date: 11/21/2014 Date of Discovery: 11/19/2014 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENW SEC 9 TWP 7S RNG 97W MERIDIAN 6

Latitude: 39.466615 Longitude: -108.225749

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 335018

Spill/Release Point Name: _____ 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? Yes

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): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Rangeland

Weather Condition: Clear, cold

Surface Owner: OTHER (SPECIFY) Other(Specify): Oxy 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):

At approximately 7:00PM Wednesday, (November 19th, 2014) a produced/brine water release occurred when an Oxy contractor was priming frac trucks. One of the hoses was not connected to the pump manifold. When the hoses were opened from the missile to the pumps, approximately 30bbl of produced/brine water was spilled on the ground. Most of the liquid was immediately recovered, but approximately 5bbl was amongst the equipment and unrecoverable.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/20/2014	COGCC	Stan Spencer	970-625-2497	None
11/20/2014	Garfield County	Kirby Wynn	970-625-5905	None

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:	01/13/2021		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	30	25	<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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): <u>100</u>	Width of Impact (feet): <u>45</u>	
		Depth of Impact (feet BGS): _____	Depth of Impact (inches BGS): <u>6</u>	
How was extent determined?				
Extent of the impacted area was determined by an Oxy employee on site.				
Soil/Geology Description:				
Happle very channery sandy loam.				
Depth to Groundwater (feet BGS) <u>150</u>		Number Water Wells within 1/2 mile radius: <u>0</u>		

If less than 1 mile, distance in feet to nearest
 Water Well _____ None Surface Water _____ None
 Wetlands _____ None Springs _____ None
 Livestock _____ None Occupied Building _____ None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/13/2021

Root Cause of Spill/Release Incorrect Operations (Human Error)

Other (specify) _____

Type of Equipment at Point of Spill/Release: Manifold Piping

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

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

Frac crew failed to connect a hose to a pump manifold. When the pump was placed in operation, water spilled from this open connection.

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

Oxy met with management and HES representatives from the contractor company to address the issue. Frac crew was given additional training, stand-down meetings were held, and crews were encouraged to increase communication. Additional frac staff who have experience operating in freezing conditions were brought onsite. Management from Oxy and contractor maintained an increased presence at the frac site.

Volume of Soil Excavated (cubic yards): 0

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:

This spill occurred in Nov. 2014; no sampling reports could be located in the previous operator's files. Sampling occurred in Nov. 2020 with elevated results for Arsenic, SAR and EC. This area is subject to noxious weed spraying, which could result in elevated inorganic constituents. An FAQ 31 & 32 letter is attached.

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

Signed: _____ Print Name: Joan Proulx

Title: Regulatory Analyst Date: 01/13/2021 Email: jproulx@laramie-energy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402573576	ANALYTICAL RESULTS
402573578	ANALYTICAL RESULTS
402573580	SITE MAP
402573582	ANALYTICAL RESULTS
402573583	ANALYTICAL RESULTS
402573584	OTHER
402573585	SITE MAP
402573589	OTHER

Total Attach: 8 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)