

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402580306

Date Received:

01/24/2021

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

478310

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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	Phone Numbers
Address: <u>410 17TH STREET SUITE #1400</u>		Phone: <u>(720) 315-8934</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Luke Kelly</u>		Mobile: <u>()</u>
		Email: <u>LKelly@Bonanzacrk.co</u> <u>m</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402511609

Initial Report Date: 10/15/2020 Date of Discovery: 10/15/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SESW SEC 27 TWP 5N RNG 63W MERIDIAN 6Latitude: 40.366745 Longitude: -104.420972Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: FLOWLINE SYSTEM☒ Facility/Location ID No 470917Spill/Release Point Name: North Platte T-27 PW line☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Clear 50'sSurface 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 produced water flowline released approximately 1 bbl of produced water to the ground surface and a currently unknown volume to the subsurface. The release was contained to the pad footprint. The cause of the release is believed to be related to internal corrosion. The flowline has been shut in for repairs and will be pressure tested prior to being returned to service. The impacted soil will be removed and hauled to a COGCC approved disposal facility. Confirmation soil samples will be collected and submitted for laboratory analysis. Analytical results will be included in a subsequent eForm 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/15/2020	Weld County OEM	on file	-on file	Notified of release via OEM Report
10/15/2020	Surface Owner	on file	-on file	Notified of release

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: 01/21/2021		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	10	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: _____

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) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 10 Width of Impact (feet): 15

Depth of Impact (feet BGS): 3 Depth of Impact (inches BGS): _____

How was extent determined?

The extent was determined through visual delineation and laboratory analysis

Soil/Geology Description:

Valent Sand, 0-3% slopes

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 2

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

REQUEST FOR CLOSURE

OPERATOR COMMENTS:

Title: Senior Env. Specialist Date: 01/24/2021 Email: LKelly@Bonanzacrk.com

COA Type**Description**

	Based on the information presented, it appears that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be impacted, then further investigation and/or remediation activities may be required. In addition, the surface area disturbed by the remediation activity shall be reclaimed in accordance with the 1000 Series Reclamation Rules.
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Attachment List**Att Doc Num****Name**

402580306	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402581328	ANALYTICAL RESULTS
402581729	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)