

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:

402599319

Date Received:

02/14/2021

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

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) 9019007</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 9019007</u>
Zip: <u>80202</u>		Email: <u>mkasten@laramie-energy.com</u>
Contact Person: <u>Matt Kasten</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402599319

Initial Report Date: 02/14/2021 Date of Discovery: 02/11/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWNE SEC 24 TWP 9S RNG 94W MERIDIAN 6

Latitude: 39.264722 Longitude: -107.831136

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

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 450791

Spill/Release Point Name: 24-06A Tank Battery

☐ 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): 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: NON-CROP LAND

Other(Specify): _____

Weather Condition: Cold/Snow

Surface Owner: FEE

Other(Specify): Ben Nichols

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):

During lease operator inspections, a release was identified from a tank failure. The wells were shut in and recovery contractors notified to immediately begin removing all free fluids. 24-06A has a spray in lined secondary containment and no fluids migrated from outside containment. Stormwater and release produced fluids will be recovered and put back into the system. The failed tank will be inspected and root cause will be supplied in supplemental form 19. After successful recovery efforts, a supplemental Form 19 will be submitted with supporting documents and closure will be requested.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/13/2021	COGCC	Alex Fisher	-	Email
2/13/2021	COGCC	Steven Arauza	-	Email
2/13/2021	Land Owner	Ben Nichols	970-9860447	Phone
2/14/2021	GJ City/Fire	Brandi Mannuppella	-	email: brandim@ci.grandjct.co.us
2/14/2021	Mesa County	Jeff Hoffman	-	email: Jeff.Hofman@mesacounty.us

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 ☐

OPERATOR COMMENTS:

Initial 19 - Supplemental Form 19 will be submitted this week with follow up documents after successful recovery. No fluids migrated from lined secondary containment.

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

Signed: _____ Print Name: Matt Kasten

Title: Project Manager Date: 02/14/2021 Email: mkasten@laramie-energy.com

COA Type **Description**

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Attachment List

Att Doc Num **Name**

402599320	TOPOGRAPHIC MAP
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)