

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:

402592380

Date Received:

02/05/2021

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

479285

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>WESCO OPERATING INC</u>	Operator No: <u>95520</u>	Phone Numbers
Address: <u>120 S DURBIN STREET</u>		Phone: <u>(307) 5775329</u>
City: <u>CASPER</u> State: <u>WY</u> Zip: <u>82602</u>		Mobile: <u>()</u>
Contact Person: <u>Dave Weinert</u>		Email: <u>davew@kirkwoodcompanies.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402587379

Initial Report Date: 01/31/2021 Date of Discovery: 01/30/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NE SE SEC 27 TWP 3S RNG 51W MERIDIAN 6

Latitude: 39.762535 Longitude: -103.067703

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____

Spill/Release Point Name: Rudnik injection pump 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: sunny

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):

The packing on the injection pump failed. All spilled fluid stayed within containment. The spill volume is approximately 33 barrels of produced water. Fluid is being recovered by a vac truck and will be placed back into the on site tanks.

List Agencies and Other Parties Notified:

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:

This form 19s provides the required topographic map that was inadvertently not included with the form 19s previously submitted as document number 402590214 on 2/3/2021.

The local government designee (Larry Griese - phone 970-345-6662) was notified via phone of the spill on 2/5/2021.

Contacted the landowner (Harley Ernst - 970-357-4258) via phone on 2/5/2021 and informed him of the spill.

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

Signed: _____ Print Name: Dave Weinert

Title: HSE Coordinator Date: 02/05/2021 Email: davew@kirkwoodcompanies.com

COA Type	Description

Attachment List

Att Doc Num	Name
402592380	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402592727	OTHER
402605138	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)