

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:

402605293

Date Received:

02/20/2021

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

479426

SPILL/RELEASE REPORT (INITIAL /w 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>HIGHPOINT OPERATING CORPORATION</u> | Operator No: <u>10071</u> | Phone Numbers Phone: <u>(303) 293-9100</u> Mobile: <u>()</u> Email: <u>rfrishmuth@hpres.com</u> |
| Address: <u>555 17TH ST STE 3700</u> | | |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | | |
| Contact Person: <u>Rusty Frishmuth</u> | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402605293

Initial Report Date: 02/20/2021 Date of Discovery: 02/20/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNW SEC 35 TWP 5N RNG 61W MERIDIAN 6

Latitude: 40.362375 Longitude: -104.184203

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 439471

Spill/Release Point Name: Coffelt 5-61-35 NWNW Pump Leak 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): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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): Production Facility

Weather Condition: Cold, Cloudy

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):

Pipe nipple broke on recycle pump discharge releasing an estimated 10 bbls of oil both inside and out of containment.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|--------------|-------------|-------|----------------------|
| 2/20/2021 | Weld County | David Burns | - | filed electronically |
| 2/20/2021 | Landowner | On File | - | Via telephone |

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: 02/20/2021

| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
|-----------------|---------------|-----------------|--------------------------|
| OIL | 10 | 0 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 0 | 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): 300 Width of Impact (feet): 150

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

Visual Determination

Soil/Geology Description:

Compacted Roadbase underlaid by valent sand

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 2

