

State of Colorado Oil and Gas Conservation Commission

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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
Address: <u>555 17TH ST STE 3700</u>		Phone: <u>(303) 293-9100</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Rusty Frishmuth</u>		Mobile: <u>()</u>
		Email: <u>rfrishmuth@hpres.com</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 6Latitude: 40.362375 Longitude: -104.184203Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY☒ Facility/Location ID No 439471Spill/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 <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHEROther(Specify): Production FacilityWeather Condition: Cold, CloudySurface 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

If less than 1 mile, distance in feet to nearest	Water Well	<u>275</u>	None <input type="checkbox"/>	Surface Water	<u>2970</u>	None <input type="checkbox"/>
	Wetlands	<u>2450</u>	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
	Livestock	<u>250</u>	None <input type="checkbox"/>	Occupied Building		None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

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:

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

Signed: _____ Print Name: Jennessee Cathcart

Title: EHS Specialist Date: 02/20/2021 Email: jcathcart@hpres.com

COA Type

Description

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Attachment List

Att Doc Num

Name

402605293	SPILL/RELEASE REPORT(I/S)
402605294	TOPOGRAPHIC MAP
402605750	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)