

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:

402621863

Date Received:

03/08/2021

Spill report taken by:

Spill/Release Point ID:

## 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: GREAT WESTERN OPERATING COMPANY LLC	Operator No: 10110	<b>Phone Numbers</b> Phone: (720) 595-2132 Mobile: ( <u>  </u> ) <u>          </u> Email: jdavidson@gwp.com
Address: 1001 17TH STREET #2000		
City: DENVER	State: CO Zip: 80202	
Contact Person: Jason Davidson		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402621863

Initial Report Date: 03/08/2021 Date of Discovery: 03/06/2021 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR SWSE SEC 11 TWP 1S RNG 68W MERIDIAN 6

Latitude: 39.973703 Longitude: -104.965775

Municipality (if within municipal boundaries): County: ADAMS

#### Reference Location:

Facility Type: WELL ☐ Facility/Location ID No                                   
 Spill/Release Point Name: Ehler 34-11-1 ☒ Well API No. (Only if the reference facility is well) 05-001-08986  
☐ 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): 0 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): >=1 and <5 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Fresh Water

#### Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: Sunny, 60 degrees F

Surface Owner: FEE Other(Specify): Grizzly Petroleum Company LLC

#### 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):

Approximately 4 bbls of fresh water was released at the wellhead during plugging and abandonment activities on March 6, 2021, at approximately 12:00 pm.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/6/2021	Adams County	Gregory Dean	--	Email: GDean@adcogov.org
3/6/2021	Adams County	Keith Huck	--	Email: KHuck@adcogov.org
3/6/2021	Fire Department	Jeff Bybee	--	Email: jeffbybee@northmetrofire.org
3/6/2021	COGCC	Chris Canfield	--	Email: chris.canfield@state.co.us
3/6/2021	Landowner	Philip Hancock	--	Email: phancock@gwp.com
3/8/2021	CPW	Jordan Likes	--	Email: jordan.likes@state.co.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 ☐

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/08/2021		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	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	4	4	<input type="checkbox"/>
specify: Fresh water			
Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 6		Width of Impact (feet): 6	
Depth of Impact (feet BGS):		Depth of Impact (inches BGS): 1	
How was extent determined?			
During clean-up with the hydrovac that was on location at the time of the release.			

Soil/Geology Description:

Arvada loam, 0 to 3 percent slopes

Depth to Groundwater (feet BGS) 9

Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well 2300 None ☐

Surface Water 280 None ☐

Wetlands 1230 None ☐

Springs          None ☒

Livestock          None ☒

Occupied Building 1340 None ☐

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/08/2021

Root Cause of Spill/Release Other

Other (specify) Gas bubble

Type of Equipment at Point of Spill/Release: Other

If "Other" selected above, specify or describe here:

Workover Rig

Describe Incident & Root Cause (include specific equipment and point of failure)

There was a gas bubble entrained in the drilling mud that entered from the annulus through a broken seal when the casing was moved, pushing fresh water up the casing.

Describe measures taken to prevent the problem(s) from reoccurring:

Utilized a set of 11" BOPs.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment

☐ Other (specify)         

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

## 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: 16282

## 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: Jason Davidson

Title: Senior EHS Specialist Date: 03/08/2021 Email: jdavidson@gwp.com

**COA Type**

**Description**

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**Attachment List**

**Att Doc Num**

**Name**

402621875	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)