

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:

402626699

Date Received:

03/14/2021

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

479549

## 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: PDC ENERGY INC	Operator No: 69175	<b>Phone Numbers</b>
Address: 1775 SHERMAN STREET - STE 3000		Phone: (303) 597-6847
City: DENVER State: CO Zip: 80203		Mobile: ( )
Contact Person: Phillip Porter		Email: COGCCSpillRemediation@pdce.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402618680

Initial Report Date: 03/04/2021 Date of Discovery: 03/04/2021 Spill Type: Historical Release

#### Spill/Release Point Location:

QTRQTR SWSW SEC 17 TWP 6N RNG 65W MERIDIAN 6

Latitude: 40.482670 Longitude: -104.694920

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: WELL

☐ Facility/Location ID No

Spill/Release Point Name: ☒ Well API No. (Only if the reference facility is well) 05-123-13293

☐ 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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): Unknown

Estimated Condensate Spill Volume(bbl): Unknown

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: NON-CROP LAND

Other(Specify):

Weather Condition: 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):

Historic release discovered while abanonding the wellhead and associated flowline.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS				
Date	Agency/Party	Contact	Phone	Response
3/4/2021	COGCC	Rick Allison	-	
3/4/2021	Surface Owner	Private	-	
3/4/2021	Weld Co	NA	-	

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: 03/12/2021

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" 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):      20      Width of Impact (feet):      26

   Depth of Impact (feet BGS):      24      Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

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: 16704

### 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: Phillip Porter

Title: Sr. Env. Rep. Date: 03/14/2021 Email: COGCCSpillRemediation@pdce.com

### COA Type

### Description

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### Attachment List

#### Att Doc Num

#### Name

402627092	OTHER
402627154	TOPOGRAPHIC MAP
402627156	ANALYTICAL RESULTS
402627157	SITE MAP

Total Attach: 4 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)