

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:

402632888

Date Received:

03/18/2021

Spill report taken by:

Spill/Release Point ID:

## SPILL/RELEASE REPORT (INITIAL)

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: GRAND RIVER GATHERING LLC	Operator No: 10403	<b>Phone Numbers</b>
Address: 999 18TH STREET #3400S		Phone: (701) 339-1720
City: DENVER State: CO Zip: 80202		Mobile: (701) 339-1720
Contact Person: Harold Rhodes		Email: harold.rhodes@summitmidstream.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402632888

Initial Report Date: 03/18/2021 Date of Discovery: 03/17/2021 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR nesw SEC 7 TWP 7S RNG 92W MERIDIAN 6

Latitude: 39.454340 Longitude: -107.701600

Municipality (if within municipal boundaries): County: GARFIELD

#### Reference Location:

Facility Type: GAS GATHERING  
PIPELINE SYSTEM

☐ Facility/Location ID No

Spill/Release Point Name: P7E ACCESS ROAD  
INTERSECTION

☐ 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): 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): >=5 and <100

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Estimate Produced Water volume is 9.11bbbls

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: 48 degrees

Surface Owner: OTHER (SPECIFY)

Other(Specify): KRK Ltd

#### 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):

Release was identified during ROW inspection performed by operations. Operations immediately shut in effect pipeline segment. Spill response personnel were immediately dispatched to site. Liquid and surface impact recovery underway.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/17/2021	land owner	KRK Ltd	970-618 0371	Land Owner Notification completed
3/17/2021	Garfield Emergency Mngt	Sherrifs Office	970-945 0453	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 ☐

**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: HAROLD RHODES

Title: ENV REM MANAGER Date: 03/18/2021 Email: HAROLD.RHODES@SUMMITMIDTSREAM.COM

**COA Type**

**Description**

--	--

**Attachment List**

**Att Doc Num**

**Name**

402632914	SITE MAP
-----------	----------

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)