

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:

402656798

Date Received:

04/13/2021

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

479242

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: <u>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	Phone Numbers
Address: <u>410 17TH STREET SUITE #1400</u>		Phone: <u>(720) 315-8934</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Luke Kelly</u>		Mobile: <u>()</u>
		Email: <u>LKelly@Bonanzacrk.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402582283

Initial Report Date: 01/25/2021 Date of Discovery: 01/24/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SESE SEC 6 TWP 4N RNG 62W MERIDIAN 6

Latitude: 40.335518 Longitude: -104.364126

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

Reference Location:

Facility Type: FLOWLINE SYSTEM ☒ Facility/Location ID No 433001

Spill/Release Point Name: SSH T-6 Flowline ☐ 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? 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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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: Clear 30's

Surface Owner: STATE 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):

A currently unknown volume of produced water was released from a separator dumphine. The release day lighted on the pad surface and the operator immediately shut in the line. Additional environmental assessment will take place following utility locates. The impacted soil will be removed and hauled to a COGCC approved disposal facility. Confirmation soil samples will be collected and submitted for laboratory analysis. Analytical results and an updated release volume will be provided in a supplemental Form 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/25/2021	Weld County OEM	Roy Rudisill	-on file	Notified via OEM Report
1/25/2021	SLB	Steve Freese	-on file	Notified of release via email

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

#0	Supplemental Report Date: 04/13/2021		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	10	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): 15 Width of Impact (feet): 15

Depth of Impact (feet BGS): 10 Depth of Impact (inches BGS): _____

How was extent determined?

The extent of the release was determined through visual delineation and laboratory analysis

Soil/Geology Description:

Valent Sand 3-9% Slopes, SM - Silty Sand

Depth to Groundwater (feet BGS) 25 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest	Water Well	2900	None	<input type="checkbox"/>	Surface Water	3562	None	<input type="checkbox"/>
	Wetlands		None	<input checked="" type="checkbox"/>	Springs		None	<input checked="" type="checkbox"/>
	Livestock		None	<input checked="" type="checkbox"/>	Occupied Building		None	<input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

The impacted soil was removed and hauled under waste manifest to a COGCC approved disposal facility. The flowline was repaired and successfully passed pressure testing prior to being returned to service. Confirmation soil samples were collected and submitted for laboratory analysis. All soil concentrations are below COGCC Table 915-1 for BTEX, PAHs, TPH, and TMBs. However, there are several residual inorganic (EC/SAR) values that are above COGCC Table 915-1. All exceedances are located within the production footprint and extend beneath the lined production containment. BCEOC deems no risk to future vegetation growth or a direct pathway to groundwater and is therefore requesting an NFA determination.

CORRECTIVE ACTIONS

#0	Supplemental Report Date:	04/13/2021
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Root Cause of Spill/Release Corrosion

Other (specify) _____

Type of Equipment at Point of Spill/Release: Dump Line

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

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

The cause of the release was determined to be related to internal corrosion. The failure occurred in the 6 o'clock position on the dumpline.

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

Bonanza Creeks has implemented an upgraded chemical program and conducts annual on-location flowline testing. Automation is used to monitor for production fluctuations and irregularities.

Volume of Soil Excavated (cubic yards): 90

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: _____

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: Luke Kelly

Title: Senior Env. Specialist Date: 04/13/2021 Email: LKelly@Bonanzacrk.com

Condition of Approval

COA Type**Description**

0 COA	

Attachment List

Att Doc Num**Name**

402656798	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402657470	ANALYTICAL RESULTS
402657511	DISPOSAL MANIFEST
402658231	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

User Group**Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)