

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402658281

Date Received:

04/14/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

479746

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>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Operator No: <u>10633</u>	Phone Numbers
Address: <u>1801 CALIFORNIA STREET #2500</u>		Phone: <u>(720) 236-5525</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>()</u>
Contact Person: <u>David Tewkesbury</u>		Email: <u>david.tewkesbury@crestonePR.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402648525

Initial Report Date: 04/05/2021 Date of Discovery: 04/04/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNE SEC 12 TWP 5s RNG 65w MERIDIAN 6

Latitude: 39.636111 Longitude: -104.612800

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 436051
 Spill/Release Point Name: State Harvard 1H 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? No

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

Estimated Oil Spill Volume(bbl): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>=1 and <5</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: produced water

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____
 Weather Condition: clear, 70s
 Surface Owner: STATE Other(Specify): State Land Board

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 lease operator went to do a routine inspection and found a knock out pot that goes to the combustor was leaking produced water. The pot developed a hole. The pot was isolated and removed. A hydro vac was on location today to remove the contaminated soil. A third party contractor will be on location 4/6/2021 to collect soil samples.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Table with 5 columns: Date, Agency/Party, Contact, Phone, Response. Rows include Arapahoe County and Surface Owner.

Was there a Grade 1 Gas Leak? Yes [] No [X]

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 [X]

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

Was there damage during excavation? Yes [] No [X]

If YES, was CO 811 notified prior to excavation? Yes [] No []

SPILL/RELEASE DETAIL REPORTS

Form containing spill details: #1, Supplemental Report Date: 04/14/2021, Fluids table (OIL, CONDENSATE, PRODUCED WATER, etc.), containment status (NO), impacted media (Soil checked), and depth to groundwater (23 feet).

If less than 1 mile, distance in feet to nearest
 Water Well 1750 None Surface Water 2380 None
 Wetlands 3360 None Springs _____ None
 Livestock _____ None Occupied Building _____ None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/14/2021

Root Cause of Spill/Release Equipment Failure

Other (specify) _____

Type of Equipment at Point of Spill/Release: Other

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

Combuster knock-out pot

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

A lease operator went to do a routine inspection and found a knock out pot that goes to the combuster was leaking produced water. The pot developed a hole. The pot was isolated and removed.

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

The failed equipment has been replaced and will be monitored according to routine maintenance intervals.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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:

This Form 19 Supplemental is being submitted to update the COGCC on details of this reportable release. Please find attached a topographic location map, initial sample location map and photolog. Final results of the remedial investigation activities, including a site map and laboratory analytical results, will be provided on a subsequent Form 19 Supplemental report.

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

Signed: _____ Print Name: Maggie Graham

Title: Senior Project Manager Date: 04/14/2021 Email: Maggie.graham@apexcos.com

COA Type

Description

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Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402658762	MAP
402658770	SOIL SAMPLE LOCATION MAP
402658774	PHOTO DOCUMENTATION

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)