

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:

402702083

Date Received:

05/28/2021

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> | <b>Phone Numbers</b>                          |
| 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>                             |
| Contact Person: <u>David Tewkesbury</u>                        |                           | Mobile: <u>( )</u>                            |
|  |                           | Email: <u>david.tewkesbury@crestonePR.com</u> |

Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

**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

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

**Reference Location:**

Facility Type: \_\_\_\_\_  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.

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>&gt;=1 and &lt;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

Has the subject Spill/Release been controlled at the time of reporting? Yes

**Land Use:**

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

Weather Condition: clear, 70s

Surface Owner: STATE Other(Specify): State Land Board

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 of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):**

**OTHER NOTIFICATIONS**

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u>                         |
|-------------|---------------------|----------------|--------------|---|
| 4/5/2021    | Arapahoe County     | Diane Kocis    | -            | Emailed. Acknowledge notification.      |
| 4/5/2021    | Surface Owner       | Steve Freese   | -            | State Land Board. Emailed. Acknowledged |

**REPORT CRITERIA**

**Rule 912.b.(1) Report to the Director (select all criteria that apply):**

No Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.

Waters of the State: \_\_\_\_\_ Public Water System: \_\_\_\_\_  
Residence or Occupied Structure: \_\_\_\_\_ Livestock: \_\_\_\_\_  
Wildlife: \_\_\_\_\_ Publicly-Maintained Road: \_\_\_\_\_

Yes Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.

No Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.

No Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak

Enter the approximate time of discovery \_\_\_\_\_ (HH:MM)  
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? \_\_\_\_\_  
Enter the Document Number of the Initial Accident Report, Form 22 \_\_\_\_\_  
Was there damage during excavation? \_\_\_\_\_  
Was CO 811 notified prior to excavation? \_\_\_\_\_

Yes Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.

Estimated Volume of Impacted Solids (cu. yd.): \_\_\_\_\_ 15 \_\_\_\_\_

No Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:

- The presence of free product or hydrocarbon sheen Surface Water
- The presence of free product or hydrocarbon sheen on Groundwater
- The presence of contaminated soil in contact with Groundwater
- The presence of contaminated soil in contact with Surface water

|     |  |
|-----|--|
| Yes | Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylight from the subsurface.  |
| No  | Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property.<br><br><input type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> Off-Location Flowline right of way |
| No  | Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.   |
| No  | Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.  |

### SPILL/RELEASE DETAIL REPORTS

|   |   |  |  |
|---|---|--|--|
| #0  | Supplemental Report Date: <u>05/26/2021</u> |  |  |
| <b>FLUIDS</b>   | BBL's SPILLED                               | BBL's RECOVERED  | Unknown  |
| OIL   | <u>0</u>                                    | <u>0</u>   | <input type="checkbox"/>   |
| CONDENSATE  | <u>0</u>                                    | <u>0</u>   | <input type="checkbox"/>   |
| PRODUCED WATER  |   |  | <input checked="" type="checkbox"/>                              |
| DRILLING FLUID  | <u>0</u>                                    | <u>0</u>   | <input type="checkbox"/>   |
| FLOW BACK FLUID   | <u>0</u>                                    | <u>0</u>   | <input type="checkbox"/>   |
| OTHER E&P WASTE   | <u>0</u>                                    | <u>0</u>   | <input type="checkbox"/>   |
| specify: _____  |   |  |  |
| Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>   |   |  |  |
| <i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>  |   |  |  |
| <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): <u>19</u>   |   | Width of Impact (feet): <u>17</u>                        |  |
| Depth of Impact (feet BGS): <u>6</u>  |   | Depth of Impact (inches BGS): _____                      |  |
| How was extent determined?  |   |  |  |
| Excavation was conducted via hydro-vacuum in order to determine the extent. Impacted or potentially impacted soils were removed and transported to a disposal facility. Transport and disposal records will be kept on file under usual and customary practice and are available upon request. Soil samples were collected and field-screened and/or analyzed for Table 915-1 constituents BTEX, 1,2,4 and 1,3,5 Trimethylbenzene, naphthalene, TPH, pH, EC, SAR and boron. |   |  |  |
| Soil/Geology Description:   |   |  |  |
| Roadbase underlain by Bresser-Truckton sandy loams.   |   |  |  |
| Depth to Groundwater (feet BGS) <u>23</u>   |   | Number Water Wells within 1/2 mile radius: <u>1</u>      |  |
| If less than 1 mile, distance in feet to nearest  |   | Water Well <u>1750</u> None <input type="checkbox"/>     | Surface Water <u>2380</u> None <input type="checkbox"/>          |
|   |   | Wetlands <u>3360</u> None <input 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:  |   |  |  |
|   |   |  |  |

### CORRECTIVE ACTIONS

#0 Supplemental Report Date: 05/26/2021

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): 15

Disposition of Excavated Soil (attach documentation) [X] 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: [X] Corrective Actions Completed (documentation attached, check all that apply) [X] Horizontal and Vertical extents of impacts have been delineated. [X] Documentation of compliance with Table 915-1 is attached. [X] All E&P Waste has been properly treated or disposed. [ ] Work proceeding under an approved Form 27 (Rule 912.c). Form 27 Remediation Project No: [ ] SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

This Form 19 Supplemental is being submitted to request closure for the Spill/Release ID (479746) and to request approval to leave an elevated EC concentration in situ with horizontal and vertical extents defined per COGCC Guidance document 915.e(2). Results of the remedial investigation activities, including a site map and laboratory analytical results, are provided.

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: 05/28/2021 Email: Maggie.graham@apexcos.com

Table with 2 columns: COA Type, Description

Attachment List

**Att Doc Num**

**Name**

402703930

OTHER

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       | Stamp Upon Approval        |

Total: 0 comment(s)