

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

402710869

Date Received:

06/17/2021

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

480174

SPILL/RELEASE REPORT (INITIAL /w 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>GREAT WESTERN OPERATING COMPANY LLC</u>	Operator No: <u>10110</u>	Phone Numbers Phone: <u>(720) 595-2132</u> Mobile: <u>()</u> Email: <u>j davidson@gwp.com</u>
Address: <u>1001 17TH STREET #2000</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Jason Davidson</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# 402710869

Initial Report Date: 06/08/2021 Date of Discovery: 06/07/2021 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SESE SEC 2 TWP 4N RNG 67W MERIDIAN 6

Latitude: 40.336220 Longitude: -104.850500

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

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

Reference Location:

Facility Type: WELL
☐ Facility/Location ID No _____
Spill/Release Point Name: Kielian 2-2
☒ Well API No. (Only if the reference facility is well) 05-123-13306
☐ No Existing Facility or Location ID No.

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

Estimated Oil Spill Volume(bbl): UnknownEstimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

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: Sunny, 85 degrees FSurface Owner: FEEOther(Specify): John Kielian

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

Potential impacts to soil and groundwater were observed at the wellhead during cut and cap activities. The potential historic release was discovered on Monday, June 7, 2021 at 10:30 am. Surface water was not impacted, no injuries occurred as a result of the release, and cleanup is ongoing.

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>
6/8/2021	Weld County	Jason Maxey	--	Email: jmaxey@weldgov.com
6/8/2021	Weld County	Jay McDonald	--	Email: jmcdonald@weldgov.com
6/8/2021	COGCC	Nikki Graber	--	Email: nikki.graber@state.co.us
6/8/2021	Landowner	John Kielian	--	GWOC left voicemail at 10:00 am

REPORT CRITERIA

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

Yes 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: Threatened to Impact _____ Public Water System: n/a

Residence or Occupied Structure: n/a _____ Livestock: n/a

Wildlife: n/a _____ Publicly-Maintained Road: n/a

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? _____

No 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.): _____

Yes	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:
	<input type="checkbox"/> The presence of free product or hydrocarbon sheen Surface Water <input type="checkbox"/> The presence of free product or hydrocarbon sheen on Groundwater <input checked="" type="checkbox"/> The presence of contaminated soil in contact with Groundwater <input type="checkbox"/> The presence of contaminated soil in contact with Surface water
No	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.
	<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

#1	Supplemental Report Date: 06/08/2021		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: _____		Length of Impact (feet): _____	
Width of Impact (feet): _____		Depth of Impact (feet BGS): _____	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Not yet determined			
Soil/Geology Description:			
Aquolls and aquents, gravelly substratum			
Depth to Groundwater (feet BGS) <u>5</u>		Number Water Wells within 1/2 mile radius: <u>7</u>	
If less than 1 mile, distance in feet to nearest	Water Well	<u>312</u>	None <input type="checkbox"/>
	Wetlands	<u>1480</u>	None <input type="checkbox"/>
	Livestock	<u>370</u>	None <input type="checkbox"/>
	Surface Water	<u>235</u>	None <input type="checkbox"/>
			Springs <u> </u> None <input checked="" type="checkbox"/>
			Occupied Building <u>550</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/08/2021

Root Cause of Spill/Release Unknown (Historical)

Other (specify)

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

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

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

Potential impacts to soil and groundwater were observed at the wellhead during cut and cap activities. The exact cause of the release is unknown.

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

Not applicable

Volume of Soil Excavated (cubic yards): 0

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, check all that apply)

☐ Horizontal and Vertical extents of impacts have been delineated.

☐ Documentation of compliance with Table 915-1 is attached.

☐ 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: 17900

☐ SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

At the time of submittal of this Form 19 Closure Request, the laboratory analytical report has not been received. Great Western plans to submit a Supplemental Form 27 associated with COGCC Remediation Project #17900 within 60 days of receipt of the laboratory analytical report.

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

Signed: Print Name: Jason Davidson

Title: Senior EHS Specialist Date: 06/17/2021 Email: jdavidson@gwp.com

Condition of Approval

COA Type**Description**

0 COA	

Attachment List

Att Doc Num**Name**

402710869	SPILL/RELEASE REPORT(I/S)
402710974	TOPOGRAPHIC MAP
402722326	PHOTO DOCUMENTATION
402722535	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

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

Environmental	Added Initial Form 27 under Related Forms.	06/16/2021
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Total: 1 comment(s)