

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

401785771

Date Received:

10/05/2018

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

457801

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: <u>ALAMOSA DRILLING INC</u>	Operator No: <u>900</u>	Phone Numbers
Address: <u>8150 N. CENTRAL EXPY - STE 750</u>		Phone: <u>(214) 244-3819</u>
City: <u>DALLAS</u>	State: <u>TX</u>	Zip: <u>75205-1832</u>
Contact Person: <u>Todd Moore</u>		Mobile: <u>()</u>
		Email: <u>kiowagas@sbcglobal.net</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401785771

Initial Report Date: 10/05/2018 Date of Discovery: 08/15/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NW SEC 17 TWP 32N RNG 1E MERIDIAN N

Latitude: 37.018155 Longitude: -106.875258

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

Reference Location:

Facility Type: WELL

☐ Facility/Location ID No _____

Spill/Release Point Name: Chavez

☐ No Existing Facility or Location ID No.

Number: 1

☒ Well API No. (Only if the reference facility is well) 05-007-06120

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): Unknown

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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: Sunny

Surface Owner: OTHER (SPECIFY)

Other(Specify): Private

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):

Well is 30 years old. Origin of release is not known but apparently is not ongoing. Oil stained soil was removed and taken to appropriate disposal site.

List Agencies and Other Parties Notified:

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

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

OPERATOR COMMENTS:

Envirotech supervised remediation efforts and stained soil was taken to their facility.

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

Signed: _____ Print Name: Todd Moore

Title: President Date: 10/05/2018 Email: kiowagas@sbcglobal.net

Condition of Approval

COA Type

Description

	The operator shall submit a Form 27 Site Investigation and Remediation Workplan as required by Rule 906.c. Inspection Document #688800307 has a corrective action date of 11/2/18 for this to be completed by.
	The operator shall submit a Supplemental Spill/Release Report within ten calendar days (10/15/18) as required by Rule 906.b.
	The operator shall notify the appropriate parties required by Rule 906.b. No agencies or parties were listed on this document as having been notified.

3 COAs

Attachment List

Att Doc Num

Name

401785771	SPILL/RELEASE REPORT(INITIAL)
401785872	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)