

State of Colorado Oil and Gas Conservation Commission

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Document Number:

403002153

Date Received:

04/01/2022

Spill report taken by:

Spill/Release Point ID:

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 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

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>(303) 774-4017</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(720) 925-1820</u>
Zip: <u>80202</u>		Email: <u>shamilton@civiresources.com</u>
Contact Person: <u>Schuyler Hamilton</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# 402992405

Initial Report Date: 03/22/2022 Date of Discovery: 03/22/2022 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWSW SEC 36 TWP 2N RNG 66W MERIDIAN 6Latitude: 40.088184 Longitude: -104.728950Municipality (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: OIL AND GAS LOCATION☒ Facility/Location ID No 433040Spill/Release Point Name: Marcus State 36H-M266☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: LDAR detected natural gas from the subsurfaceHas the subject Spill/Release been controlled at the time of reporting? Yes

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 40F and partly cloudySurface Owner: FEEOther(Specify): Private Landowner

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

During routing LDAR inspections on the site, a gas leak was detected from the subsurface. Initial indications would indicate a failure of a supply gas line. Upon detection of leak, the facility was shut in, the area will be excavated and evaluated to find leak point and make associated repairs.

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

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/23/2022	Weld County		-	OEM Form
3/23/2022	Landowner		-	Email

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: _____
- No 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.): _____
- 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

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 daylights 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
Yes	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: 04/01/2022		
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FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE			<input checked="" 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): 5 Width of Impact (feet): 5

Depth of Impact (feet BGS): 4 Depth of Impact (inches BGS): _____

How was extent determined?

Excavation was conducted in order to determine the source of the gas leak, and to conduct repairs. Approximately 9 cubic yards of potentially impacted soil was 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/Geology Description:

Olney loamy sand

Depth to Groundwater (feet BGS) <u>25</u>	Number Water Wells within 1/2 mile radius: <u>10</u>
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If less than 1 mile, distance in feet to nearest	Water Well <u>480</u>	None <input type="checkbox"/>	Surface Water <u>810</u>	None <input type="checkbox"/>
	Wetlands <u>4200</u>	None <input type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
	Livestock _____	None <input checked="" type="checkbox"/>	Occupied Building <u>780</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/01/2022

Root Cause of Spill/Release Pipe, Weld, or Joint Failure

Other (specify)

Type of Equipment at Point of Spill/Release: Other

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

Gas supply line

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

During routine LDAR inspections, a gas leak was detected from the subsurface. Excavation was conducted to uncover the source of the leak for repairs. A leaking fitting on a gas supply line was discovered and repaired. Potentially impacted soil was removed and transported to a disposal facility.

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): 9

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, 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: _____
- ☐ 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 of this Spill/Release ID, pending approval of the Form 19 Initial, and to include the Root Cause and Corrective Actions summary to the Form 19 Initial report. Results of the gas leak determination, including a site map and photographic documentation, 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: 04/01/2022 Email: Maggie.graham@apexcos.com

COA Type	Description

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403002513	PHOTO DOCUMENTATION
403002514	SITE MAP
403002515	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)