

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:

403463899

Date Received:

07/14/2023

Spill report taken by:

Spill/Release Point ID:

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 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>PADCO LLC</u>	Operator No: <u>24500</u>	Phone Numbers
Address: <u>16508 ARMINTA STREET</u>		Phone: <u>()</u>
City: <u>VAN NUYS</u>	State: <u>CA</u>	Zip: <u>91406</u>
Contact Person: <u>Dan Richmond</u>		Mobile: <u>(918) 630-9912</u>
		Email: <u>dan@dsrinc.net</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 403463899

Initial Report Date: 07/13/2023 Date of Discovery: 07/12/2023 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SW NW SEC 22 TWP 2S RNG 53W MERIDIAN 6

Latitude: 39.864780 Longitude: -103.310803

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

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____

Spill/Release Point Name: Wright 1 Treater 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): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

Estimated Other E&P Waste Spill Volume(bbl): Unknown Estimated 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: CROP LAND Other(Specify): _____

Weather Condition: Sunny, warm, dry

Surface Owner: FEE Other(Specify): _____

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

Pressure relief valve failed causing oil and produced water to overflow the treater; fluid mostly contained inside the berm but some flowed outside of the containment; well was shut-in upon discovery, field vendors called to vac fluid and contaminated soil; ECMC field inspector called, land owner called, Washington Co. rep called

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

Data not required

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: n/a 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.

Yes 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 18:00 (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? No
Enter the Document Number of the Initial Accident Report, Form 22 _____
Was there damage during excavation? No
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.

- Areas offsite of Oil & Gas Location
- 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.

OPERATOR COMMENTS:

Leak contained and controlled upon discovery; mobilization for clean up initiated; soils will be tested to evaluate what is needed to finish the clean up process.

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

Signed: _____ Print Name: Dan Richmond

Title: Field Operations Super. Date: 07/14/2023 Email: dan@dsrinc.net

<u>COA Type</u>	<u>Description</u>
0 COA	

Attachment List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)