

## State of Colorado

## Energy &amp; Carbon Management Commission

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Document Number:

403603999

Date Received:

11/25/2023

Spill report taken by:

Heibel, Krystal

Spill/Release Point ID:

485569**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>GRAND MESA OPERATING CO</u>	Operator No: <u>35080</u>	<b>Phone Numbers</b>
Address: <u>1700 N WATERFRONT PKWY B600</u>		Phone: <u>(316) 265-3000</u>
City: <u>WICHITA</u>	State: <u>KS</u>	Zip: <u>67206</u>
Contact Person: <u>Michael Reilly</u>		Mobile: <u>(913) 706-4975</u>
		Email: <u>mreilly@gmocks.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# 403600242

Initial Report Date: 11/17/2023 Date of Discovery: 11/17/2023 Spill Type: Recent Spill

**Spill/Release Point Location:**QTRQTR SWNE SEC 25 TWP 5S RNG 54W MERIDIAN 6Latitude: 39.586740 Longitude: -103.375810Municipality (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: WELL☐ Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: \_\_\_\_\_

☒ Well API No. (Only if the reference facility is well) 05-121-11060☐ No Existing Facility or Location ID No.

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

Estimated Oil Spill Volume(bbl): >0 and <1Estimated 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: small amount of engine oil on the groundHas the subject Spill/Release been controlled at the time of reporting? Yes**Land Use:**Current Land Use: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: clearSurface Owner: FEE

Other(Specify): \_\_\_\_\_

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

a small amount of engine oil was observed on the ground

**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):**

- 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: n/a Public Water System: n/a
- Residence or Occupied Structure: n/a Livestock: n/a
- Wildlife: n/a Publicly-Maintained Road: n/a
- 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.
- ☐ 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.

## SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 11/24/2023		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input checked="" 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	0	0	<input 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): 3 Width of Impact (feet): 3

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

visual observations

Soil/Geology Description:

road base

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>2550</u>	None <input type="checkbox"/>	Surface Water	<u>1500</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" 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

#1 Supplemental Report Date: 11/24/2023

Root Cause of Spill/Release Incorrect Operations (Human Error)

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Pump Jack

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

\_\_\_\_\_

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

Minor release of engine oil was due to human error during oil change at pumping unit.

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

Additional training will be provided to ensure cleaner operations. Additional cleaning will be conducted following all oil changes. Absorbent pads will be placed under engines during oil changes and disposed of properly afterward. Removal of impacted soil will occur on 11/28/23.

Volume of Soil Excavated (cubic yards): \_\_\_\_\_

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

## OPERATOR COMMENTS:

Operator will submit a Form 19 Supplemental Report for the associated spill within 90 days of the spill date requesting closure pursuant to Rule 913.h and supported by adequate documentation to demonstrate that the Spill or Release has been fully cleaned up and complies with Table 915-1.

Notifications to the LGD and the landowner are attached.

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

Signed: \_\_\_\_\_ Print Name: Michael Reilly

Title: President Date: 11/25/2023 Email: mreilly@gmocks.com

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

**Attachment List**

<u>Att Doc Num</u>	<u>Name</u>
403603999	FORM 19 SUBMITTED
403604000	AERIAL IMAGE
403604001	TOPOGRAPHIC MAP
403604002	PHOTO DOCUMENTATION
403605772	CORRESPONDENCE
403605773	CORRESPONDENCE

Total Attach: 6 Files

**General Comments**

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

Total: 0 comment(s)