

State of Colorado  
Energy & Carbon Management Commission

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Document Number:

403710051

Date Received:

03/13/2024

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

486151

### SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to ECMC 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>WELLINGTON OPERATING COMPANY</u>	Operator No: <u>95233</u>	<b>Phone Numbers</b>
Address: <u>15301 DALLAS PKWY SUITE 900</u>		Phone: <u>( )</u>
City: <u>ADDISON</u> State: <u>TX</u> Zip: <u>75001</u>		Mobile: <u>(970) 567-6871</u>
Contact Person: <u>Cameron Gracey</u>		Email: <u>Gracyservices@msn.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# 403697198

Initial Report Date: 02/23/2024 Date of Discovery: 02/22/2024 Spill Type: Historical Release

#### Spill/Release Point Location:

QTRQTR SWNE SEC 7 TWP 9N RNG 68W MERIDIAN 6

Latitude: 40.763890 Longitude: -105.045310

Municipality (if within municipal boundaries): \_\_\_\_\_ County: LARIMER

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

Check this box if this spill/release is related to a loss of integrity of a flowline, pipeline, crude oil transfer line, or produced water transfer line.

#### Reference Location:

Facility Type: WELL SITE

Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: WELLINGTON MUD U/GAULT-PIATT #20-3

Well API No. (Only if the reference facility is well) 05-069-05168

No Existing Facility or Location ID 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): Unknown

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): Unknown

Specify: It is unknown what actual materials may have caused this historic spill as this well has been inactive for a number of                      years.

Has the subject Spill/Release been controlled at the time of reporting? Yes

**Land Use:**

Current Land Use: CROP LAND

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

Weather Condition: Partly clear, 45 F, Light Precipitat

Surface Owner: FEE

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

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

Soil samples were collected during the cut and cap operation in April 2023. The excavation was backfilled to allow the field to be used for growing crops and in the fall pasturing cattle. The samples were analyzed and the TPH level at the well head exceeded the Table 915 limit. Plans to excavate further were made for the winter of 23/24 or spring 24 after the cattle were moved from the area.

Discolored/stained soils were discovered during excavating to remove soils that exceeded the TPH limit for Table 915 at the well head. The soil at the wellhead were excavated to a concrete basement floor and a sample was collected and submitted for analysis. This sample met all the limits of Table 915 with the exception of pH which may have been impacted by concrete dust generated by the excavators teeth scrapping the concrete prior to sampling.

The discolored soils are approved for disposal at the Pawnee Waste facility. Additional soil samples will be collected as necessary.

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

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
2/23/2024	Larimer County Health Dept.	Sydney McLeod	970-498-6700	Will email Matt Lafferty, does not see this as a health risk at this time.
2/22/2024	Surface Owner	Dave Erickson	760-801-4291	Complete remediation or at least backfilling as soon as possible to allow crops to be planted.

**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? \_\_\_\_\_

Yes 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.): \_\_\_\_\_ 300

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 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.

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.

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 02/22/2024

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

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

How was extent determined?

Excavating for color and contamination of soils. Soil screening with a Photo Ionization Detector (PID)

Soil/Geology Description:

Top soil around the well used for agricultural activities. Mixed clay, loam & gravel to approximately 8 feet and then weathered shale.

Depth to Groundwater (feet BGS) 60                      Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None	<input checked="" type="checkbox"/>	Surface Water	920	None	<input type="checkbox"/>
Wetlands	3330	None	<input type="checkbox"/>	Springs	_____	None	<input checked="" type="checkbox"/>
Livestock	500	None	<input type="checkbox"/>	Occupied Building	1920	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/26/2024

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)

Unknown, Possible fluid leaks during drilling or past production activities

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

Historic, Unknown problem that resulted in the spill/release.

Volume of Soil Excavated (cubic yards): 600

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:

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

Signed: \_\_\_\_\_ Print Name: Randy Evans

Title: Wastewater Treatment ORC Date: 03/13/2024 Email: Revans@Wellingtonoperating.com

**COA Type****Description**

	Submit future reports using Supplemental Form 27 for Remediatin Propect 28548. Operator may request to close this Spill with reference to Remediation Project 28548.
1 COA	

**Attachment List****Att Doc Num****Name**

403710051	SPILL/RELEASE REPORT(SUPPLEMENTAL)
403710082	MAP
403718188	CORRESPONDENCE
403718255	CORRESPONDENCE
403724438	FORM 19 SUBMITTED

Total Attach: 5 Files

**General Comments****User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)