

State of Colorado

Energy & Carbon Management Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403730629

Date Received:

03/27/2024

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

486346

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: PDC ENERGY INC	Operator No: 69175	Phone Numbers
Address: 1099 18TH STREET SUITE 1500		Phone: (970) 313-5582
City: DENVER	State: CO	Zip: 80202
Contact Person: Jason Davidson		Mobile: ()
		Email: taspillremediationcontractor@pdce.com

☐ 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# 403728986

Initial Report Date: 03/22/2024	Date of Discovery: 03/22/2024	Spill Type: Recent Spill
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Spill/Release Point Location:

QTRQTR SESE SEC 30 TWP 6N RNG 67W MERIDIAN 6

Latitude: 40.455451 Longitude: -104.927633

Municipality (if within municipal boundaries): Windsor County: WELD

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: TANK BATTERY

☒ Facility/Location ID No 451100

Spill/Release Point Name: Raindance FD Off-Site #20-202HXX

☐ 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): >=100

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:

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

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: 60s and Sunny

Surface Owner: FEE Other(Specify): _____

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

An equipment failure led to a 170-bbl. oil/water fluid mix release. Fluid was contained on-site with-in the steel walled containment area. Upon discovery the facility was shut in and clean up operations were started.

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

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/22/2024	PDC	Landowner	--	
3/22/2024	Weld County	David Burns	--	
3/22/2024	Weld County	Jason Maxey	--	
3/22/2024	ECMC	Rick Allison	--	

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.

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 _____ (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.): _____ 105

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: <input type="checkbox"/> The presence of free product or hydrocarbon sheen Surface Water <input type="checkbox"/> The presence of free product or hydrocarbon sheen on Groundwater <input type="checkbox"/> The presence of contaminated soil in contact with Groundwater <input type="checkbox"/> 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's 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
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: 03/25/2024					
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown			
OIL	170	20	<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? YES 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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature						
Surface Area Impacted: Length of Impact (feet): 130		Width of Impact (feet): 325				
Depth of Impact (feet BGS): 3		Depth of Impact (inches BGS): _____				
How was extent determined?						
The lateral extent of impacts were contained within the metal berms of the secondary containment. The vertical extent will be confirmed through a site investigation. Site assessment activities will be submitted on a supplemental form 27 once all laboratory analytical is received.						
Soil/Geology Description:						
GW to CL						
Depth to Groundwater (feet BGS) 16		Number Water Wells within 1/2 mile radius: 5				
If less than 1 mile, distance in feet to nearest	Water Well	1501	None <input type="checkbox"/>	Surface Water	2975	None <input type="checkbox"/>
	Wetlands	3780	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
	Livestock		None <input checked="" type="checkbox"/>	Occupied Building	1295	None <input type="checkbox"/>
Additional Spill Details Not Provided Above:						

No additional spill details.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/25/2024

Root Cause of Spill/Release Equipment Failure

Other (specify)

Type of Equipment at Point of Spill/Release: Horizontal Heater Treater

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

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

An investigation into the cause of the release is ongoing. Additional information will be included in subsequent form submittal.

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

Pending completion of the release investigation a corrective action will be submitted on a subsequent form.

Volume of Soil Excavated (cubic yards): 105

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: Jennifer Skweres

Title: Environmental Specialist Date: 03/27/2024 Email: jskweres@tasman-geo.com

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

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403730629	SPILL/RELEASE REPORT(SUPPLEMENTAL)
403733110	OTHER
403734508	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)