

State of Colorado

Energy & Carbon Management Commission

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Document Number:

403753565

Date Received:

04/15/2024

Spill report taken by:

Sanchez, Chris

Spill/Release Point ID:

486490

SPILL/RELEASE REPORT (INITIAL)

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: WILLIFORD ENERGY COMPANY	Operator No: 96730	Phone Numbers
Address: 6060 AMERICAN PLAZA SUITE 760		Phone: (918) 4952734
City: TULSA	State: OK	Zip: 74135
Contact Person: Pamela Richards		Mobile: ()
		Email: prichards@willifordenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 403753565

Initial Report Date: 04/15/2024	Date of Discovery: 03/26/2024	Spill Type: Recent Spill
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Spill/Release Point Location:

QTRQTR NWNW SEC 32 TWP 13S RNG 48W MERIDIAN 6

Latitude: 38.878230 Longitude: -102.814565

Municipality (if within municipal boundaries): County: CHEYENNE

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 476137

Spill/Release Point Name: RHOADES UNIT TUBING FLOWLINE ☐ 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): >=1 and <5	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? No

Land Use:

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

Weather Condition: SUNNY 38 DEGREES.

Surface Owner: FEE Other(Specify): _____

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

Rhoades Unit Tank Battery: leak at the tank load out pipe and a spot of stained soil west of the tank battery was less than 2 bbls total, Clean up in progress and will be completed by 4/14/2024.

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: _____ 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
- Yes 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:

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

Signed: _____ Print Name: Pamela Richards

Title: Regulatory Analyst Date: 04/15/2024 Email: prichards@willfordenergy.com

COA Type

Description

	<p>Per Rule 912.b.(4), the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes:</p> <p>A. A topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill</p> <p>B. All pertinent information about the spill/release known to the Operator that has not been reported previously including photo documentation showing the source of the Spill or Release, the impacted area, and initial cleanup activity</p> <p>C. Information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator</p> <p>D. Global Positioning System data that meets the requirements of Rule 216 if latitude and longitude data provided pursuant to Rule 912.b.(2).A did not meet the requirements of Rule 216.</p> <p>Operator did not report if local government, surface owner, and director has been notified as required by Rule 912.b. (2).B. Operator shall submit documentation of notification with the next Supplemental Form 19.</p>
	Operator did not report if local government, surface owner, and director has been notified as required by Rule 912.b. (2).B. Operator shall submit documentation of notification with the next Supplemental Form 19.
	Pursuant to Rule 912.b.(6) Operator is required to 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; or A Form 27 if any of the criteria listed in Rules 912.b.(6).B.i–iii apply. If Remediation will continue under an approved Form 27, the Operator will also submit a Form 19 – Supplemental which requests closure of the Spill or Release and includes the Remediation project number assigned by the Director.
	Per Rule 912.d.(3), Operator is to provide the root cause of the incident and preventative measures that will be taken to prevent reoccurrence on this site on the next Form 19 Supplemental. Please give the location of the failure and provide additional information at what point the failure occurred (i.e. 6 O'clock position) and if the root cause is corrosion explain if it is external or internal.
4 COAs	

ATTACHMENT LIST

Att Doc Num	Name
403753565	SPILL/RELEASE REPORT(INITIAL)
403760446	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)