

State of Colorado

Energy & Carbon Management Commission

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Document Number:

403889323

Date Received:

08/14/2024

Spill report taken by:

Sanchez, Chris

Spill/Release Point ID:

486525**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>EVERGREEN NATURAL RESOURCES LLC</u>	Operator No: <u>10705</u>	Phone Numbers
Address: <u>1875 LAWRENCE ST STE 1150</u>		Phone: <u>(719) 2204330</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Timothy Fernandez</u>		Mobile: <u>()</u>
		Email: <u>timothy.fernandez@enrllc.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 REPORTInitial Spill/Release Report Doc# 403770471

Initial Report Date: <u>04/26/2024</u>	Date of Discovery: <u>04/25/2024</u>	Spill Type: <u>Recent Spill</u>
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Spill/Release Point Location:QTRQTR SWSW SEC 17 TWP 34S RNG 66W MERIDIAN 6Latitude: 37.079951 Longitude: -104.809536Municipality (if within municipal boundaries): _____ County: LAS ANIMAS

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☐ Facility/Location ID No _____Spill/Release Point Name: Lorencito 13-17 Spill☒ Well API No. (Only if the reference facility is well) 05-071-07981☐ No Existing Facility or Location ID No.

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 4.5 bblHas the subject Spill/Release been controlled at the time of reporting? Yes

Land Use:

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

Weather Condition: 62 degrees, sunny, calm

Surface Owner: FEE Other(Specify):

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

ENR was notified by an ECMC inspector of a historic produced water spill at 1330 on 4/24/2024 at the Lorencito 13-17 well (API:0507107981) in Las Animas, County, Colorado. Spill, Start Lat. 37.07995194 Long. -104.8095369, End , Lat. 37.07935194 Long. -104.809489.

The spill was discovered by an ECMC inspector and was reported via email to ENR staff. Upon inspection, white staining from the historical spill was discovered along the spill path, originating at the wellhead. The packing was no longer leaking. The spill appears to have originated from the packing of the wellhead, ran 70 feet south across the location, and flowed an additional 75 feet south off location to a road below. The spill continued to flow down a bar ditch along the road southeast for an additional 110 feet. The spill did not come into contact with any live water and did not affect any state waters.

There is an ongoing investigation regarding equipment failure and volume.

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

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/26/2024	Landowner/Ranch Manager	Mike Powell	-	Phone
4/25/2024	LACOG	Robert Lucero	-	Email
4/25/2024	CPW	Karen Voltura	-	Email
4/25/2024	CPW	Bob Holder	-	Email
4/25/2024	CPW	Mike Brown	-	Email
4/25/2024	ECMC	Chris Sanchez	-	Email

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: _____
- ☐ 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.
- ☐ 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:
	<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 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.
	<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.

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: 36644
☐ SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

This Form 27 is being submitted as a request for closure of the Lorencito 13-17 Spill. Remediation at the site will continue under a Form 27, Project #36644.

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

Signed: _____ Print Name: Timothy Fernandez
 Title: Regulatory Supervisor Date: 08/14/2024 Email: timothy.fernandez@enrllc.com

COA Type	Description
0 COA	

ATTACHMENT LIST

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)