

State of Colorado
Energy & Carbon Management Commission

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



Document Number:

404159696

Date Received:

04/09/2025

Spill report taken by:

Heil, John

Spill/Release Point ID:

489807

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: <u>QB ENERGY OPERATING LLC</u>	Operator No: <u>10844</u>	Phone Numbers Phone: <u>()</u> Mobile: <u>()</u> Email: <u>ecmc.inspections@qb-energy.com</u>
Address: <u>1001 17TH STREET SUITE 1600</u>		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		
Contact Person: <u>Romana Cowden</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 404159696

Initial Report Date: 04/09/2025 Date of Discovery: 04/09/2025 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SESE SEC 27 TWP 5S RNG 95W MERIDIAN 6

Latitude: 39.579433 Longitude: -108.033247

Municipality (if within municipal boundaries): _____ County: GARFIELD

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 335806
 Spill/Release Point Name: P27 16C-27 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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

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: Clear
 Surface Owner: FEE Other(Specify): _____

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

Flowline release was discovered and the line was shut in.

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

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
	CPW	Taylor Elm	-	Email
	Garfield County	Kirby Wynn	-	Email
4/9/2025	ECMC	Alex Fischer	-	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: _____

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 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. <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.

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: Romana Cowden
 Title: EHS Date: 04/09/2025 Email: ecmc.inspections@qb-energy.com

COA Type	Description
	Operator shall collect sample(s) from comparable, nearby non-impacted native soil for purposes of establishing background soil conditions including pH, electrical conductivity (EC) and sodium adsorption ratio (SAR), per Rule 915.e.(2).D.
	Additional information required by Rule 912.b.(4) shall be submitted on a supplemental spill report no later than ten days after discovery (reported Discovery Date: 3/4/9/2025). Within 90 days of spill discovery date, Operator shall comply with Spill/Release closure requirements outlined in Rule 912.b.(6).
	Assess nature and extent of contamination with confirmation soil samples. The operator shall comply with Rule 915.e.(2) for collection of soil samples. The operator shall notify the COGCC and comply with Rule 915.e.(3) if groundwater is encountered during cleanup operations.
	In the Supplemental Form 19, identify the root cause of the failure and explain how reoccurrence on this pipeline and the other pipelines associated with this facility will be prevented, per Rule 912.d.(3). Operator shall coordinate with COGCC Western Integrity Inspector, Mike Longworth, regarding pipeline excavation, assessment, and repair.
	Delineate horizontal and vertical extent of impacted area using the Table 915-1 Protection of Groundwater Soil Screening Level Concentrations and remediate impacts to Table 915-1 standards. Provide documentation in either a Supplemental Form 19 if cleaned up immediately and/or Initial Form 27 if additional site investigation and remediation is required OR if groundwater is encountered during cleanup operations. Documentation must include a figure showing spill area with sample locations plus laboratory results.
	Submit photo documentation, as described in Rule 912.b.(4).B, via a Supplemental Form 19.
6 COAs	

ATTACHMENT LIST

Att Doc Num	Name
404159696	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)