

State of Colorado
Energy & Carbon Management Commission



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Document Number:

404426028

Date Received:

11/06/2025

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.

Spill report taken by:

Heibel, Krystal

Spill/Release Point ID:

492085

OPERATOR INFORMATION

Name of Operator: <u>BISON IV OPERATING LLC</u>	Operator No: <u>10670</u>	Phone Numbers
Address: <u>518 17TH STREET SUITE 1800</u>		Phone: <u>(303) 8825868</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(303) 8825868</u>
Contact Person: <u>Paul Buck</u>		Email: <u>pbuck@bisonog.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# 404412005

Initial Report Date: 10/28/2025 Date of Discovery: 10/27/2025 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWSE SEC 33 TWP 11N RNG 61W MERIDIAN 6

Latitude: 40.879568 Longitude: -104.201913

Municipality (if within municipal boundaries): _____ 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 461774

Spill/Release Point Name: Fabrizius 33-14 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): >0 and <1

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=1 and <5

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): Rangeland

Weather Condition: Clear and 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):

A workover rig was on the well; while tripping out of hole with rods the well started flowing up the tubing. Prior to the BOP closing, one barrel of produced water and 0.5 barrel of oil was released to the ground. The BOPs were closed, and the well was shut in. Subsequent to BOP being shut, water was pumped down tubing to kill the well

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>
10/28/2025	Land Owner		-	
10/28/2025	CPW		-	
10/28/2025	Weld County		-	

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:

- 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. <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: <u>11/06/2025</u>		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input type="checkbox"/>
CONDENSATE	_____	_____	<input type="checkbox"/>
PRODUCED WATER	_____	_____	<input type="checkbox"/>
DRILLING FLUID	_____	_____	<input type="checkbox"/>
FLOW BACK FLUID	_____	_____	<input type="checkbox"/>
OTHER E&P WASTE	_____	_____	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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): <u>9</u>		Width of Impact (feet): <u>5</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Extent of spill was determined via visual estimate and field screening. These estimates will be confirmed via soil sampling. Sampling will take place week of 10 November 2025.			
Soil/Geology Description:			
Kim-Mitchell complex, 0-6%			
Depth to Groundwater (feet BGS) <u>50</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest		Water Well _____ None <input checked="" type="checkbox"/>	Surface Water _____ None <input checked="" type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock <u>1</u> None <input type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			
Spill was addressed immediately.			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/06/2025

Root Cause of Spill/Release Equipment Failure

Other (specify)

Type of Equipment at Point of Spill/Release: Pump Jack

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

Empty text box for specifying other equipment details.

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

A workover rig was on the well; while tripping out of hole with rods the well started flowing up the tubing. Prior to the BOP closing, one barrel of produced water and 0.5 barrel of oil was released to the ground. The BOPs were closed, and the well was shut in. Subsequent to BOP being shut, water was pumped down tubing to kill the well

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

Double check BOP's prior to work.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) [X] 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:

N/A

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

Signed: Print Name: Tarah Garza

Title: Env Compliance Specialist Date: 11/06/2025 Email: tgarza@bisonog.com

COA Type Description

Table with 2 columns: COA Type, Description. Row 1: 0 COA

ATTACHMENT LIST

Table with 2 columns: Att Doc Num, Name. Row 1: 404426272, AERIAL IMAGE

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)