

State of Colorado  
Energy & Carbon Management Commission

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Document Number:

404407554

Date Received:

10/26/2025

Spill report taken by:

Rollins, Grace

Spill/Release Point ID:

492214

### SPILL/RELEASE REPORT (INITIAL /w 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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	<b>Phone Numbers</b>
Address: <u>1099 18TH STREET SUITE 1500</u>		Phone: <u>(970) 730-7281</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>( )</u>
Contact Person: <u>Dan Peterson</u>		Email: <u>danpeterson@chevron.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# 404407554

Initial Report Date: 10/26/2025 Date of Discovery: 09/22/2025 Spill Type: Historical Release

#### Spill/Release Point Location:

QTRQTR NESW SEC 8 TWP 6N RNG 63W MERIDIAN 6

Latitude: 40.499361 Longitude: -104.462022

Municipality (if within municipal boundaries): No 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 432014

Spill/Release Point Name: Cache 8-13, 24, 34, Cornish 8-53  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>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>Unknown</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: 70s, Sunny

Surface Owner: FEE

Other(Specify): \_\_\_\_\_



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.

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.

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 10/26/2025

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: \_\_\_\_\_

Was spill/release completely contained within berms or secondary containment? NO 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)  Soil  Groundwater  Surface Water  Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 6 Width of Impact (feet): 8

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

The extent of impacts will be determined through an environmental site assessment. An additional Form 19-Supplemental will be submitted requesting closure within 90 days of the discovery of this spill.

Soil/Geology Description:

SW – Well Graded Sand

Depth to Groundwater (feet BGS) 8 Number Water Wells within 1/2 mile radius: 3

If less than 1 mile, distance in feet to nearest

Water Well	<u>1040</u>	None <input type="checkbox"/>	Surface Water	<u>230</u>	None <input type="checkbox"/>
Wetlands	<u>440</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>1819</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

None to add.

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/26/2025

Root Cause of Spill/Release Unknown (Historical)

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Horizontal Separator

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

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

Historical impacts were discovered during tank battery decommissioning activities located adjacent to the separator dumpline. Due to the historical nature of the release, an exact cause was not able to be identified.

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

PDC conducts routine AVO inspections of all oil and gas facilities in order to identify and mitigate potential releases. Further, this facility is no longer active and is in the process of being decommissioned. The separator dumpline has been taken out of service and there is no longer a possibility of a release originating from this infrastructure.

Volume of Soil Excavated (cubic yards): 0

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:

In addition to the releases at SEP04-DL, the following release is located on the same Cache 8-13, 24, 34; Cornish 8-53 pad but are not in the same excavation:

-AST01, AST02, AST04, document number: 404361223

This is not considered the same release as the other release on the pad based on the sample being located at the separator, and not being in close proximity to the AST.

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

Signed: \_\_\_\_\_ Print Name: Paulette Ozaeta

Title: HSE Advisor Date: 10/26/2025 Email: paulette.ozaeta@chevron.com

<b>COA Type</b>	<b>Description</b>
	Operator reports that groundwater was not encountered and estimates the depth to groundwater to be 8 feet bgs. However, the attached documentation indicates that groundwater was encountered at a depth of 4 feet bgs. Operator shall correct this omission and shall make the appropriate selections on the next Form 19 — Supplemental.
	Operator has reported that they encountered impacted soils during the onsite excavation activities. These soils are required to be treated as Investigation-Derived Waste in accordance with 913.b.3. and must be stored, handled, transported, treated, recycled, or disposed of in accordance with ECMC rules. More specifically these soils are not allowed to be placed back into the excavation to prevent adverse environmental impacts.
	ECMC recognizes Operator's acknowledgment of late reporting. On the next Form 19 — Supplemental Operator shall provide specific actions being implemented to prevent late reporting in the future.  This Spill/Release Report is accepted into the record at this time and any issues of noncompliance may be adjudicated as necessary, consistent with staff discretion, in accordance with Commission Rules.
	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.  Form 19 Supplemental requesting closure is due by December 21, 2025.
4 COAs	

**ATTACHMENT LIST**

<b>Att Doc Num</b>	<b>Name</b>
404407554	SPILL/RELEASE REPORT(I/S)
404407555	LABORATORY ANALYTICAL REPORT
404407556	OTHER
404434427	FORM 19 SUBMITTED

Total Attach: 4 Files

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Environmental	ECMC notes the correct Facility ID of the Tank Battery is 442950. Operator has erroneously referenced Location ID 432014 as a Tank Battery.	11/13/2025

Total: 1 comment(s)