

State of Colorado
Energy & Carbon Management Commission

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Document Number:

404441000

Date Received:

11/18/2025

Spill report taken by:

Rollins, Grace

Spill/Release Point ID:

492279

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>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Operator No: <u>10633</u>	Phone Numbers
Address: <u>555 17TH STREET SUITE 3700</u>		Phone: <u>(303) 829-3811</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jacob Evans</u>		Mobile: <u>(303) 829-3811</u>
		Email: <u>jevans@civiresources.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# 404441000

Initial Report Date: 11/18/2025 Date of Discovery: 11/17/2025 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SENE SEC 16 TWP 3N RNG 68W MERIDIAN 6

Latitude: 40.228899 Longitude: -105.000247

Municipality (if within municipal boundaries): Mead 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: WELL

Facility/Location ID No _____

Spill/Release Point Name: State 1D-16H

Well API No. (Only if the reference facility is well) 05-123-36853

No Existing Facility or Location ID No.

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

Estimated Oil Spill Volume(bbl): Unknown

Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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: CROP LAND _____

Other(Specify): _____

Weather Condition: Cloudy _____

Surface Owner: FEE _____

Other(Specify): _____

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

While conducting facility decommissioning activities at Crestone Peak's State 1D-16H wellhead, historical impacts were discovered.

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>
11/17/2025	Surface owner	on file	-on file	Notified of release
11/17/2025	Town of Mead	Erika Rasmussen	-on file	Notified of release
11/17/2025	Weld County OEM	Brett Cavanaugh	-on file	Notified of release
11/17/2025	ECMC	Kari Brown	-on file	Notified of release

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.

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: 11/19/2025

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): 6

Depth of Impact (feet BGS): 5 Depth of Impact (inches BGS): _____

How was extent determined?

Extent was determined through HC staining, odor, and elevated PID readings during site assessment/excavation activities.

Soil/Geology Description:

Clay

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 9

If less than 1 mile, distance in feet to nearest

Water Well	<u>950</u>	None <input type="checkbox"/>	Surface Water	<u>1000</u>	None <input type="checkbox"/>
Wetlands	<u>900</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>1100</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/18/2025

Root Cause of Spill/Release Unknown (Historical)

Other (specify) _____

Type of Equipment at Point of Spill/Release: Wellhead Line

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

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

While conducting facility decommissioning activities at Crestone Peak's State 1D-16H wellhead, historical impacts were discovered.

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

Lease operators are coached to do routine AVO inspections at all oil and gas facilities.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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:

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

Signed: _____ Print Name: Joel Lujan

Title: Advisor, EHS Date: 11/18/2025 Email: jlujan@civiresources.com

COA Type**Description**

	<p>ECMC has removed the Operator's request for closure at this time.</p> <p>Location lies within mapped High Priority Habitat - Bald Eagle Active Nest Site Half Mile. Operator will provide confirmation on the subsequent Form 19 — Supplemental that notification to Colorado Parks and Wildlife was made pursuant to Rule 912.b.(10). Please note: Approval of this Form 19 does not supersede any Federal, State or Local regulations.</p> <p>Operator shall select Wildlife as Threatened to Impact per Rule 912.b.(1).A under the Reporting Criteria section.</p>
	<p>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.</p>
	<p>Operator shall collect confirmation soil samples as described in the Rule 915.e.(2) Guidance Document. Operator will analyze soil samples for TPH (C6-C36), Table 915-1 Organic Compounds in Soil, Table 915-1 metals, and Table 915-1 Soil Suitability for Reclamation (Electrical conductivity, Sodium adsorption ratio, and pH by saturated paste method, boron (hot water soluble)).</p>
	<p>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.</p> <p>Form 19 Supplemental requesting closure is due by February 15, 2026.</p>
4 COAs	

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404441000	SPILL/RELEASE REPORT(I/S)
404441046	ANALYTICAL DATA SUMMARY TABLE(S)
404441654	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)