

State of Colorado  
Energy & Carbon Management Commission



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

Document Number:

404511579

Date Received:

01/20/2026

Spill report taken by:

Spill/Release Point ID:

**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>	<b>Phone Numbers</b>
Address: <u>555 17TH STREET SUITE 3700</u>		Phone: <u>(303) 8293811</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jacob Evans</u>		Mobile: <u>(303) 8293811</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# 404511579

Initial Report Date: 01/20/2026 Date of Discovery: 11/24/2025 Spill Type: Historical Release

**Spill/Release Point Location:**

QTRQTR SWNE SEC 10 TWP 3N RNG 65W MERIDIAN 6

Latitude: 40.244388 Longitude: -104.646986

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: OFF-LOCATION FLOWLINE  Facility/Location ID No 473092

Spill/Release Point Name: Federal 32-10 FL1-B7  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): 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? Yes

**Land Use:**

Current Land Use: NON-CROP LAND

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

Weather Condition: 55 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: 01/20/2026

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): 3 Depth of Impact (inches BGS): 0

How was extent determined?

The extent will be determined through laboratory confirmation sampling and analysis.

Soil/Geology Description:

Well graded sand

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 10

If less than 1 mile, distance in feet to nearest

Water Well	<u>256</u>	None <input type="checkbox"/>	Surface Water	<u>472</u>	None <input type="checkbox"/>
Wetlands	<u>320</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

This location is within a HPH Bald Eagle Active Nest Site Half Mile and Bald Eagle Roost Site. This location is within a HPH Mule Deer Concentration Area.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/20/2026

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)

Flowline impacts were discovered during flowline decommissioning. Source unknown. During flowline decommissioning fresh water was used to flush the line and was all recovered. The crew also used 50lbs of pressure using a compressor and did not see a drop prior to decommissioning; however, the crew does not keep pressure test documentation for decommissioning. The line was dry cut at each bell hole and no there was no introduced chemical additives that would cause naphthalene detections.

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

Crestone conducts routine AVO inspections of all oil and gas location.

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: 41913
  - 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: Jacob Evans

Title: Environmental Advisor Date: 01/20/2026 Email: jevans@civiresources.com

**COA Type****Description**

0 COA	

**ATTACHMENT LIST****Att Doc Num****Name**

404511609	LABORATORY ANALYTICAL REPORT
404511610	LABORATORY ANALYTICAL REPORT
404511611	OTHER

Total Attach: 3 Files

**General Comments****User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)