

State of Colorado
Energy & Carbon Management Commission

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Document Number:

404515503

Date Received:

01/22/2026

Spill report taken by:

Rollins, Grace

Spill/Release Point ID:

477703

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.

OPERATOR INFORMATION

Name of Operator: <u>PDC ENERGY INC</u>	Operator No: <u>69175</u>	Phone Numbers
Address: <u>1099 18TH STREET SUITE 1500</u>		Phone: <u>(970) 304-5000</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# 404408122

Initial Report Date: 10/27/2025 Date of Discovery: 10/24/2025 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SWNE SEC 9 TWP 4N RNG 67W MERIDIAN 6

Latitude: 40.329381 Longitude: -104.894011

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: WELL Facility/Location ID No _____
 Spill/Release Point Name: GOLD 32-9U Well API No. (Only if the reference facility is well) 05-123-29236
 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: CROP LAND _____ Other(Specify): _____

Weather Condition: 50s and cloudy _____

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: 01/22/2026

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): _____ Width of Impact (feet): _____

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. A site assessment plan has been submitted on a supplemental form 27, document number: 404394467. The impacted soil will be remediated per the supplemental form 27, document number: 404394467.

Soil/Geology Description:

Organic silts – organic clays (OL-OH)

Depth to Groundwater (feet BGS) 7 Number Water Wells within 1/2 mile radius: 13

If less than 1 mile, distance in feet to nearest

Water Well	<u>215</u>	None <input type="checkbox"/>	Surface Water	<u>490</u>	None <input type="checkbox"/>
Wetlands	<u>410</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>1000</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The impacted soil will be remediated per the supplemental form 27, document number: 404394467.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/22/2026

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)

Historical impacts were discovered during wellhead decommissioning activities at the wellhead line where the area is most likely to be impacted. The volume of potentially impacted material(s) is not currently known. 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 wellhead 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: 42471
 - SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

The supplemental Form 27 has been submitted for remediation number 42471 detailing the remedial site plan, document number: 404394467.

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

Signed: _____ Print Name: Thomas Echtermeyer
Title: HSE Advisor Date: 01/22/2026 Email: thomas.echtermeyer@chevron.com

COA Type**Description**

	Quarterly reporting (90 days) is required under Remediation Project #42471. Operator shall include the Spill ID associated with this form on the subsequent Supplemental Form 27 and select Rule 913.c.(3): Remediation of Spill and Releases pursuant to Rule 912 in addition to the previous Rule selection.
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1 COA

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

404515503	SPILL/RELEASE REPORT(SUPPLEMENTAL)
404515804	OTHER
404515805	ANALYTICAL RESULTS
404520299	FORM 19 SUBMITTED

Total Attach: 4 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)