

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400705470

Date Received:

10/10/2014

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: POC-I LLC	Operator No: 10386	Phone Numbers
Address: 1888 SHERMAN ST #500		Phone: (970) 263-6013
City: DENVER	State: CO Zip: 80203	Mobile: (970) 216-6329
Contact Person: Blair Rollins		Email: brollins@olssonassocia tes.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400705453

Initial Report Date: 10/10/2014 Date of Discovery: 07/09/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 22 TWP 4N RNG 92W MERIDIAN 6

Latitude: 40.302936 Longitude: -107.692895

Municipality (if within municipal boundaries): County: MOFFAT

Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 312755
☐ No Existing Facility or Location ID No.
☐ Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? Yes

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

Estimated Oil Spill Volume(bbl): >=5 and <100

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: Sunny

Surface Owner: FEE Other(Specify):

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State ☐ Residence/Occupied Structure ☐ Livestock ☐ Public Byway ☐ Surface Water Supply Area ☐

As defined in COGCC 100-Series Rules

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

POC had a pipeline leak which resulted in a spill of approximately 7 barrels of oil. The incident occurred on July 9, 2014 from a pipeline in the vicinity of the Iles Dome Unit #11 well (API #05-081-05108, Location ID 312755). When the spill was found in the pipeline ROW, POC shut in the pipeline and excavated the leak area to identify the issue. Repairs to the pipeline have been coordinated and should be completed soon. COGCC Table 910-1 confirmation samples will be collected of the excavation next week to ensure adequate excavation of all impacted material. POC plans to haul the excavated material off-site to a commercial off-site disposal facility, pending sampling results.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/9/2014	COGCC	Spill line	303-894-2100	
7/18/2014	COGCC	Kris Neidel	970-871-1963	Email about status of eForm and spill

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/10/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	7	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<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>150</u>		Width of Impact (feet): <u>3</u>	
Depth of Impact (feet BGS): <u>5</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
The extent of contamination was determined by excavating the immediate area around the spill origin. Visual screening and field screening were utilized to assess the area of impacted material for off-site disposal. All excavated soils were hauled off-site for off-site disposal. Once the extent of excavation was completed, confirmation samples were collected and analyzed for COGCC Table 910-1 standards.			
Soil/Geology Description:			
The soil in the area of the spill is classified as Pinelli loam, 3-12% slopes and map unit 149. Soils identified during spill excavation were comprised of thick clay.			
Depth to Groundwater (feet BGS) <u>25</u>		Number Water Wells within 1/2 mile radius: <u>3</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>1744</u> None <input type="checkbox"/>	Surface Water <u>870</u> None <input type="checkbox"/>
		Wetlands <u>870</u> None <input type="checkbox"/>	Springs <u>3440</u> None <input type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>4000</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 07/09/2014	
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
<div>Pipeline release due to corrosion.</div>		
Describe measures taken to prevent the problem(s) from reoccurring:		
<div>POC has pressurized the pipeline to ensure the incident does not occur again.</div>		
Volume of Soil Excavated (cubic yards): 10		
Disposition of Excavated Soil (attach documentation)		
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> 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)

☐ Work proceeding under an approved Form 27

Form 27 Remediation Project No: _____

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

Signed: _____ Print Name: Blair Rollins
Title: Regulatory Contractor Date: 10/10/2014 Email: brollins@olssonassociates.com

Attachment Check List

Att Doc Num	Name
400705470	FORM 19 SUBMITTED
400705485	ANALYTICAL RESULTS
400705486	ANALYTICAL RESULTS
400705487	ANALYTICAL RESULTS
400705488	ANALYTICAL RESULTS

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date
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Total: 0 comment(s)