

# 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:

401112025

Date Received:

09/17/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444439

## 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: <u>WESCO OPERATING INC</u>	Operator No: <u>95520</u>	<b>Phone Numbers</b>
Address: <u>120 S DURBIN STREET</u>		Phone: <u>(307) 577-5329</u>
City: <u>CASPER</u>	State: <u>WY</u>	Mobile: <u>(577) 259-0230</u>
Zip: <u>82602</u>		Email: <u>davew@kirkwoodcompanies.com</u>
Contact Person: <u>Dave Weinert</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400960669

Initial Report Date: 12/28/2015 Date of Discovery: 12/26/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 8 TWP 4N RNG 95W MERIDIAN 6

Latitude: 40.327860 Longitude: -108.074960

Municipality (if within municipal boundaries): \_\_\_\_\_ County: MOFFAT

#### Reference Location:

Facility Type: PIPELINE☐ Facility/Location ID No \_\_\_\_\_☒ 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? No

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

Estimated Oil Spill Volume(bbl): >=1 and <5Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: OTHEROther(Specify): grazingWeather Condition: cold, 3 to 4 feet snow on groundSurface Owner: FEEOther(Specify): Cook

#### 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):

Recreational snowmobilers drove thier snowmobile into a pipeline drain valve in an effort to avoid a powerline guy wire. The snowmobiler reported the spill to the landowner who in turn reported the spill to Wesco. The oil sprayed into the air when the valve was damaged by the snowmobile, covered an approximately 30 foot by 15 foot area of snow, but apparently not reaching the underlying soil. Approximately 3 barrels of crude oil was released. The pump sending oil through the pipeline was shut off and the valve repaired. The oil covered snow will be recovered and placed into the Maudlin Gulch field soil staging area for recovery of the fluids when the snow melts.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/28/2015	COGCC	Kris Neidel	970-971-1963	submit spill report

### 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: \_\_\_\_\_

### OPERATOR COMMENTS:

please see attachments

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

Signed: \_\_\_\_\_ Print Name: Dave Weinert

Title: HSE Coordinator Date: 09/17/2016 Email: davew@kirkwoodcompanies.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

401112027	OTHER
401112028	OTHER

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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Total: 0 comment(s)