

**State of Colorado**  
**Oil and Gas Conservation Commission**

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



Document Number:

401167896

Date Received:

12/15/2016

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

448285

## SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

### OPERATOR INFORMATION

Name of Operator: <u>MARALEX RESOURCES, INC</u>	Operator No: <u>53255</u>	<b>Phone Numbers</b>
Address: <u>P O BOX 338</u>		Phone: <u>(970) 563-4000</u>
City: <u>IGNACIO</u> State: <u>CO</u> Zip: <u>81137</u>		Mobile: <u>(970) 563-4116</u>
Contact Person: <u>Kerry Tahmahkera</u>		Email: <u>maralextech@gmail.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401142675

Initial Report Date: 11/03/2016 Date of Discovery: 11/02/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 13 TWP 6S RNG 102W MERIDIAN 6

Latitude: 39.532743 Longitude: -108.707175

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

#### Reference Location:

Facility Type: WELL ☐ Facility/Location ID No \_\_\_\_\_  
☐ No Existing Facility or Location ID No.  
☒ Well API No. (Only if the reference facility is well) 05-045-06050

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

Was one (1) barrel or more spilled outside of berms or secondary containment? No

*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): 0 Estimated Condensate Spill Volume(bbl): >0 and <1

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

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

Specify: up to 3bbls of volume, 2" soil saturation 6-8ft in diameter around wellhead

#### Land Use:

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

Weather Condition: Sunny/Clear

Surface Owner: FEE Other(Specify): High Lonesome Ranch

#### 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):

The initial discovery was made by BLM representative Greg Rios. He called after 3pm on 11/2/2016 to inform the Maralex Operations Manager, who promptly contacted the land owner (High Lonesome Ranch) and/or their representatives. Access to their property is very restricted, but they did grant a one day access despite their upcoming hunting season which begins on the 5th. Following an assessment and measurement of the impact, Greg Rios re-visited the site and will confirm that the leak has been stopped and is contained to the area around the wellhead with a soil saturation depth of 2". A follow-up to the BLM will be sent, although the incident is below the BLM reportable quantity.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/2/2016	High Lonesome Ranch	Ranch Manager	970-283-9420	Personal Info Proprietary- Front desk call as well LVM with Ranch Manager

**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: 9932

**OPERATOR COMMENTS:**

Please route to CARLOS LUJAN.

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

Signed: \_\_\_\_\_ Print Name: Kerry Tahmahkera

Title: Production Technician Date: 12/15/2016 Email: maralextech@gmail.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

401167896	FORM 19 SUBMITTED
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)