

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:

400764687

Date Received:

01/06/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

159537

SPILL/RELEASE REPORT (INITIAL /w 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>BARRETT CORPORATION* BILL</u>	Operator No: <u>10071</u>	<b>Phone Numbers</b>
Address: <u>1099 18TH ST STE 2300</u>		Phone: <u>(303) 293-9100</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>( )</u>
Contact Person: <u>Rusty Frishmuth</u>		Email: <u>rfrishmuth@billbarrettcorp.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400764687

Initial Report Date: 01/06/2015 Date of Discovery: 01/04/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 30 TWP 6N RNG 61W MERIDIAN 6

Latitude: 40.465660 Longitude: -104.248140

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

Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 433887  
 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): <u>&gt;=1 and &lt;5</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

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

Land Use:

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

Weather Condition: clear, cold, snow on ground, windy

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):

Incident still under investigation, however, preliminary investigation has indicated that the burner on the heater treater blew out and dump line froze. Oil backed up into a vapor recovery tower and a pressure relief valve on the top of the tower was actuated. Between 1 and 3 bbls of oil was released out of the top of the tower in a fine mist that covered an area approximately 125 yards long by 50 yards wide.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
1/6/2015	Weld County OEM	Roy Rudisill	-	via e-mail
1/6/2015	Landowner		-	on file

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 01/06/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	2	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? 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): 375 Width of Impact (feet): 150

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Visual observation

Soil/Geology Description:

Fine sandy loam

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 3

If less than 1 mile, distance in feet to nearest

Water Well	<u>1100</u>	None <input type="checkbox"/>	Surface Water	None <input checked="" type="checkbox"/>
Wetlands	<u>1200</u>	None <input type="checkbox"/>	Springs	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>1500</u> None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Impacts limited to surface of pad, pad covered with snow at time of incident, impacted snow scraped up and hauled to Waste Management's landfill in Ault, CO. Confirmation soil sampling will be conducted after the snow melts and the surface soils dry.

## 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: Rusty Frishmuth

Title: Env Mgr Date: 01/06/2015 Email: rfrishmuth@billbarrettcorp.com

### COA Type

### Description

<u>COA Type</u>	<u>Description</u>

## Attachment Check List

### Att Doc Num

### Name

2615027	24 HOUR NOTIFICATION
400764687	FORM 19 SUBMITTED
400764771	TOPOGRAPHIC MAP

Total Attach: 3 Files

## General Comments

### User Group

### Comment

### Comment Date

#Error	Changd Lat/Long to release point per Operator email.	1/7/2015 12:13:17 PM
#Error	Requested clarification of Lat/Long	1/6/2015 3:24:14 PM

Total: 2 comment(s)