

# 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:

400804142

Date Received:

03/05/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

440982

## 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: SYNERGY RESOURCES CORPORATION	Operator No: 10311	<b>Phone Numbers</b>
Address: 20203 HIGHWAY 60		Phone: (970) 737-1073
City: PLATTEVILLE	State: CO	Mobile: (970) 230-0435
Zip: 80651		Email: dpennignton@syrginfo.com
Contact Person: David Pennington		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400802213

Initial Report Date: 03/03/2015 Date of Discovery: 03/02/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 2 TWP 4N RNG 68W MERIDIAN 6

Latitude: 40.339900 Longitude: -104.975000

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 422304☐ 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): &gt;0 and &lt;1

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

#### Land Use:

Current Land Use: CROP LAND

Other(Specify):

Weather Condition: snow on ground with light wind

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):

Rupture disk on separator popped off and misted oil over location. Well was shut in and stopped flow of oil to atmosphere. we set a liner on location and stock piled all contaminated soil and snow. Synergy will haul all contaminated product to waste management and provide manifests for contaminated soil. Synergy will take analytical samples from effected soil. All agencies involved will be provided analytical samples. Synergy will also spread microblaze on areas that need further attention. Weather permitting we will resolve this issue in a timely matter.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/2/2015	state patrol	Robert Kaminky	970-302-7298	closed frontage road
3/2/2015	DOT	Victor Romero	970-350-2155	helped contain well pad

**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: David Pennington

Title: Production/EHS Foreman Date: 03/05/2015 Email: dpennignton@syrinfo.com

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400804146	ANALYTICAL RESULTS
400804147	ANALYTICAL RESULTS
400804148	SITE MAP
400804150	TOPOGRAPHIC MAP

Total Attach: 4 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)