

# State of Colorado Oil and Gas Conservation Commission

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



Document Number:

402205323

Date Received:

10/10/2019

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

464252

## 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>DIAMOND OPERATING, INC.</u>	Operator No: <u>24320</u>	<b>Phone Numbers</b>
Address: <u>6666 GUNPARK DR STE #200</u>		Phone: <u>(303) 4944420</u>
City: <u>BOULDER</u>	State: <u>CO</u>	Mobile: <u>(303) 5173399</u>
Zip: <u>80301</u>		Email: <u>davep@flatironenergy.com</u>
Contact Person: <u>Dave Peterson</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402024193

Initial Report Date: 04/28/2019 Date of Discovery: 04/25/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 32 TWP 2S RNG 53W MERIDIAN 6Latitude: 39.838090 Longitude: -103.347970Municipality (if within municipal boundaries): \_\_\_\_\_ County: WASHINGTON

#### Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No \_\_\_\_\_Spill/Release Point Name: Pachner☐ No Existing Facility or Location ID No.Number: 42-31☒ Well API No. (Only if the reference facility is well) 05-121-09928

#### 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): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

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

#### Land Use:

Current Land Use: NON-CROP LANDOther(Specify): Grazing PastureWeather Condition: Sunny and drySurface Owner: FEEOther(Specify): Robert Pachner

#### 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 leak was discovered by the pumper early Thursday afternoon [4-25-2019]. The pumper immediately shut-in the well and drove to the location of the leak. An estimated 1.5 BO and 80 BW was leaked on the ground and drained to the north and northwest covering an area 10' wide by 75' long. The surface owner was contacted and a roustabout crew was called to come fix the leak and remove the impacted soil. There was no standing water or crude oil at the site. The roustabout crew arrived the next morning and fixed the line leak and picked up roughly two yards of impacted soil and relocated it to a location at the tank battery [a picture of the actual leak in the flowline will be submitted on a supplemental report].

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
4/26/2019	LGD	Larry Griese	970-345-6565	Left a message with details, no response yet
			-	

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: \_\_\_\_\_

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: \_\_\_\_\_

**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:**

Requesting closure of Spill/Release #: 464252

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

Signed: \_\_\_\_\_ Print Name: Dave Peterson

Title: President Date: 10/10/2019 Email: davep@flatironenergy.com

**COA Type** **Description**

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**Attachment Check List**

**Att Doc Num** **Name**

402205329	DISPOSAL MANIFEST
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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)