

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:

402348846

Date Received:

03/23/2020

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

474032

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: HIGHPOINT OPERATING CORPORATION	Operator No: 10071	Phone Numbers Phone: (303) 518-2290 Mobile: () Email: rfrishmuth@hpres.com
Address: 555 17TH ST STE 3700		
City: DENVER	State: CO Zip: 80202	
Contact Person: Rusty Frishmuth		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402346265

Initial Report Date: 03/18/2020 Date of Discovery: 03/17/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNW SEC 33 TWP 12N RNG 63W MERIDIAN 6

Latitude: 40.972070 Longitude: -104.443509

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL

☐ Facility/Location ID No

Spill/Release Point Name: FC 33 0164D Produced Water Spill

☒ Well API No. (Only if the reference facility is well) 05-123-48705

☐ No Existing Facility or Location ID No.

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? Yes

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

Estimated Oil Spill Volume(bbl): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

Land Use:

Current Land Use: OTHER

Other(Specify): Oil and Gas Production Facility

Weather Condition: Clear/Sunny

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):

While fracing the first stage of the well, the 4-1/2" casing leaked, causing the 9-5/8" casing to rupture. The well was being hydraulically fractured with recycled produced water from nearby production facilities. Approximately 280 bbls of the produced water being used as a frac fluid was released. No injuries occurred, spill was limited to an area approximately 100'x30' and was cleaned up on 3/18/2020. Confirmation sampling will be completed once hydraulic fracturing operations are completed on the pad.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/20/2020	Land Owner	on file	-	call/email
3/18/2020	Weld County OEM	D. Burns	-	online form

Was there a Grade 1 Gas Leak? Yes ☐ No ☒

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

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

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

Was there damage during excavation? Yes ☐ No ☒

If YES, was CO 811 notified prior to excavation? Yes ☐ No ☐

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:

Supplemental Form 19 being submitted to provide Fig 1 site topographic map

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

Signed: _____ Print Name: Dustin Watt

Title: Sr. EHS Specialist Date: 03/23/2020 Email: dwatt@hpres.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402348847	TOPOGRAPHIC MAP
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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)