

FORM
19
Rev 8/13

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
400918754
Date Received:
10/21/2015
Spill report taken by:
CANFIELD, CHRIS
Spill/Release Point ID:
443547

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 Phone Numbers
Address: 20203 HIGHWAY 60 Phone: (970) 7371073
City: PLATTEVILLE State: CO Zip: 80651 Mobile: (970) 5182062
Contact Person: Jerry Brian Email: jalexander@ltenv.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400913774

Initial Report Date: 10/08/2015 Date of Discovery: 10/07/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 29 TWP 1N RNG 68W MERIDIAN 6
Latitude: 40.019749 Longitude: -105.030590
Municipality (if within municipal boundaries): Erie County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 318976
 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? 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
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): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):
Weather Condition: Clear 60s
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):

On October 5, 2015 Synergy began removing facility structures as part of P&A activities. The associated well head was shut in prior to infrastructure removal. Historical soil hydrocarbon impacts were observed within the excavation. Synergy contracted LT Environmental Inc. (LTE) to oversee remediation excavation and confirmation sampling of the impacted soils. On October 7, 2015, LTE collected 6 sidewall and 2 floor soil samples from the excavation for laboratory analysis of BTEX and TPH. Two of the sidewall samples exceeded the COGCC allowable concentrations for TPH. The current extent of the excavation is approximately 34 feet north-south, 50 feet east-west, and 13 feet deep. Impacted soils are presently being stored on-Site on plastic and will be transported under waste manifest to the Denver Regional Landfill in Erie, Colorado. Synergy will continue excavations of impacted soils and collect confirmation soil samples upon completion.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/15/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	_____	_____	<input checked="" type="checkbox"/>
FLOW BACK FLUID	_____	_____	<input checked="" type="checkbox"/>
OTHER E&P WASTE	_____	_____	<input checked="" type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>95</u>		Width of Impact (feet): <u>75</u>	
Depth of Impact (feet BGS): <u>12</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Please see attached report, Supplemental Form 19 and Closure Report			
Soil/Geology Description:			
Ulm clay loam, 0-3% slope			
Depth to Groundwater (feet BGS) <u>20</u>		Number Water Wells within 1/2 mile radius: <u>24</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>132</u> None <input type="checkbox"/>	Surface Water <u>672</u> None <input type="checkbox"/>	
	Wetlands <u>591</u> None <input type="checkbox"/>	Springs <u>470</u> None <input type="checkbox"/>	
	Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>1909</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/15/2015

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Please See Attached Report - Supplemental Form 19 and Closure Report

Describe measures taken to prevent the problem(s) from reoccurring:

The Site is being plugged and abandoned

Volume of Soil Excavated (cubic yards): 1200

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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:

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

Signed: _____ Print Name: Jess Alexander
Title: Project Env. Scientist Date: 10/21/2015 Email: jalexander@ltenv.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400918754	FORM 19 SUBMITTED
400922187	TOPOGRAPHIC MAP
400922188	SITE MAP

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)