

State of Colorado Oil and Gas Conservation Commission

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Date Received:

11/02/2014

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.

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439501

OPERATOR INFORMATION

Name of Operator: BARGATH LLC Operator No: 10128 Phone Numbers: (970) 618-3329 Address: ONE WILLIAMS CENTER City: TULSA State: OK Zip: 74172 Contact Person: Annette Garrigues Email: Annette.Garrigues@Williams.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400717467

Initial Report Date: 10/27/2014 Date of Discovery: 10/24/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 33 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.485201 Longitude: -108.109809

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: GAS GATHERING SYSTEM Facility/Location ID No 120109

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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): >=1 and <5 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Ethylene Glycol

Land Use:

Current Land Use: OTHER Other(Specify): Gas Processing Plant

Weather Condition: Mild, sunny, warm

Surface Owner: OTHER (SPECIFY) Other(Specify): WPX Energy

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 24, 2014, an Operator discovered that the packing around the cylinder on a glycol pump at Plant 3 of the Parachute Creek Gas Plant had broke and released approximately 100 gallons of ethylene glycol on the ground. The glycol pump was shutdown and the leak stopped. The contaminated soil was immediately cleaned up and placed in a lined containment, ready for disposal. The packing has been replaced and pump returned to service.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|------------|-------------------|-----------------|--------------|---|
| 10/24/2014 | COGCC | Stan Spencer | 970-987-2891 | left voice message-no response as of 10/27/2014 |
| 10/24/2014 | Garfield Co. LEPC | Chris Bornholdt | 970-945-0453 | left voice message-no response as of 10/27/2014 |
| 10/24/2014 | WPX (landowner) | Karolina Blaney | 970-589-0743 | Accepted, would appreciate follow-up. |

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/02/2014

| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
|-----------------|---------------|-----------------|--------------------------|
| OIL | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| CONDENSATE | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| PRODUCED WATER | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| DRILLING FLUID | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| FLOW BACK FLUID | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| OTHER E&P WASTE | <u>2</u> | <u>1</u> | <input type="checkbox"/> |

specify: Will remediate remaining contaminated dirt under skid on 11/03/14.

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): 15 Width of Impact (feet): 10

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 6

How was extent determined?

Initially, the release area was determined visually. On 11/3/2014, we will remove the remaining contaminated soil underneath the skid. We will use a PID, that is set for Ethylene Glycol, to help us determine our clean soil boundary, and also collect confirmation samples.

Soil/Geology Description:

Soft, silty soils.

Depth to Groundwater (feet BGS) 50 Number Water Wells within 1/2 mile radius: 12

If less than 1 mile, distance in feet to nearest

| | | | | | |
|------------|-------------|--|-------------------|------------|--|
| Water Well | <u>1545</u> | None <input type="checkbox"/> | Surface Water | <u>800</u> | None <input type="checkbox"/> |
| Wetlands | <u>800</u> | None <input type="checkbox"/> | Springs | _____ | None <input checked="" type="checkbox"/> |
| Livestock | _____ | None <input checked="" type="checkbox"/> | Occupied Building | <u>456</u> | None <input type="checkbox"/> |

Additional Spill Details Not Provided Above:

Updated Lat/Long Information: 39.488919N, -108.112703W. Vicinity map is attached. The number of water wells within a 1/2 mile radius is an estimate based on issued DWR permits. There are 2 domestic water wells and the remaining are groundwater monitoring well permits. Some of DWR permits cover multiple monitoring wells, so there are many more monitoring wells within a 1/2 mile radius.

CORRECTIVE ACTIONS

| | | |
|---|---|---|
| #1 | Supplemental Report Date: | 11/02/2014 |
| Cause of Spill (Check all that apply) | | |
| <input type="checkbox"/> Human Error | <input checked="" type="checkbox"/> Equipment Failure | <input type="checkbox"/> Historical-Unknown |
| <input type="checkbox"/> Other (specify) _____ | | |
| Describe Incident & Root Cause (include specific equipment and point of failure) | | |
| <p>On October 24, 2014, an Operator discovered that the packing around the cylinder on a glycol pump at Plant 3 of the Parachute Creek Gas Plant had broke and released approximately 100 gallons of ethylene glycol on the ground. The glycol pump was shutdown and the leak stopped. The contaminated soil that was accessible and not underneath the skid, was immediately cleaned up and placed in a lined containment, ready for disposal. The remaining contaminated soil will be removed on 11/3/2014, and confirmation samples will be taken. Samples will be analyzed to determine that <70 mg/kg has been attained (per Stan Spencer). The packing has been replaced and pump returned to service.</p> | | |
| Describe measures taken to prevent the problem(s) from reoccurring: | | |
| <p>Check packing more frequently. Ensure that Preventative Maintenance(PM) tasks are being performed on a regular basis.</p> | | |
| Volume of Soil Excavated (cubic yards): 1 | | |
| Disposition of Excavated Soil (attach documentation) | | |
| <input checked="" type="checkbox"/> Offsite Disposal | <input type="checkbox"/> Onsite Treatment | |
| <input type="checkbox"/> 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: _____

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

Signed: _____ Print Name: Annette Garrigues

Title: Environmental Specialist Date: 11/02/2014 Email: Annette.Garrigues@Williams.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400722312 | AERIAL PHOTOGRAPH |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)