

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:

401055265

Date Received:

05/27/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445914

SPILL/RELEASE REPORT (INITIAL /w 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: <u>BNN WESTERN LLC</u>	Operator No: <u>10608</u>	<b>Phone Numbers</b>
Address: <u>370 VAN GORDON STREET</u>		Phone: <u>(303) 763-3442</u>
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80228</u>		Mobile: <u>(970) 261-3567</u>
Contact Person: <u>Craig Meis</u>		Email: <u>craig.meis@tallgrassenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401055265

Initial Report Date: 05/27/2016 Date of Discovery: 05/25/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 26 TWP 10N RNG 58W MERIDIAN 6

Latitude: 40.808724 Longitude: -103.831993

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

Reference Location:

Facility Type: OTHER  Facility/Location ID No 159961  
 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? 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: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Cloudy 70s

Surface Owner: FEE Other(Specify): Timbro Ranch and Cattle Co. LLC

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):

Broken pipe fitting inside pump building caused spill to occur. Some produced water exited the building via the doorways and was absorbed in the soils adjacent the building doorways.

List Agencies and Other Parties Notified:

### 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: Craig Meis

Title: VP EHS Date: 05/27/2016 Email: craig.meis@tallgrassenergyllp.com

**COA Type**

**Description**

COA Type	Description

### Attachment Check List

**Att Doc Num**

**Name**

Att Doc Num	Name
401055265	FORM 19 SUBMITTED

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date
Agency	Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator.  The Supplemental Spill (Spill/Release Detail) Report for this release is due by 6/4/2016.	5/27/2016 1:47:05 PM

Total: 1 comment(s)