

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401058207

Date Received:

06/03/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445914

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: <u>BNN WESTERN LLC</u>	Operator No: <u>10608</u>	Phone Numbers
Address: <u>370 VAN GORDON STREET</u>		Phone: <u>(303) 7633442</u>
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80228</u>		Mobile: <u>(970) 2613567</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:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	06/03/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	225	185	<input type="checkbox"/>	
DRILLING FLUID	0	0	<input type="checkbox"/>	
FLOW BACK FLUID	0	0	<input type="checkbox"/>	
OTHER E&P WASTE	0	0	<input type="checkbox"/>	

specify: _____

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): _____ Width of Impact (feet): _____

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

How was extent determined?

Visual observation of extent from surface impact of soils. See site figure attached of extent of impact.

Soil/Geology Description:

The site bedrock geology consists of the Tertiary White River Group, including the Slim Buttes Formation, Chamberlain Pass Formation, and Chadron Formation of the Eocene age and the Brule Formation of the Oligocene age. The White River Group consists of white, pink, light-green, and light-brown to maroon bentonite, claystone, siltstone, tuffaceous fine-grained sandstone, and local silicified carbonate lenses. The basal portion consists of poorly cemented, white, coarse-grained arkose and conglomerate. The Chamberlain Pass Formation consists of pale olive to pale red mottled mudstone containing white, cross-bedded channel sandstone with basal conglomerate.

Depth to Groundwater (feet BGS) 38 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest

Water Well	<u>100</u>	None <input type="checkbox"/>	Surface Water	<u> </u>	None <input checked="" type="checkbox"/>
Wetlands	<u> </u>	None <input checked="" type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u>1000</u>	None <input type="checkbox"/>	Occupied Building	<u> </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

All four "water wells" indicated above are permitted groundwater monitoring wells that were installed by a consultant for Whiting to monitor this site. The wells were completed to 40 feet bgs and have static water levels reported at 38 feet bgs. Impacted soils were excavated and stockpiled on site awaiting transportation to Ault landfill for disposal. Closure confirmation samples were collected from excavated area and submitted for analysis.

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:

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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: 06/03/2016 Email: craig.meis@tallgrassenergyllp.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401058207	FORM 19 SUBMITTED
401058253	SITE MAP
401058254	OTHER

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)