

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:

401063799

Date Received:

06/16/2016

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

446143

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: TEP ROCKY MOUNTAIN LLC | Operator No: 96850 | Phone Numbers |
| Address: PO BOX 370 | | Phone: (970) 263-2760 |
| City: PARACHUTE State: CO Zip: 81635 | | Mobile: (970) 623-4875 |
| Contact Person: Michael Gardner | | Email: michael.gardner@wpxenergy.com |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401061550

Initial Report Date: 06/11/2016 Date of Discovery: 06/10/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 23 TWP 1S RNG 98W MERIDIAN 6

Latitude: 39.943532 Longitude: -108.353996

Municipality (if within municipal boundaries): County: RIO BLANCO

Reference Location:

Facility Type: PIPELINE Facility/Location ID No
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-103-11979

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): >=5 and <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: hot, sunny, no wind

Surface Owner: FEDERAL 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):

The spill was caused by equipment failure. During fracing operation on the RGU 33-23-198 well, a union on an above ground frac line washed out and approximately 7 bbls of produced water sprayed off location on the pipeline right of way located southeast of the pad. The impacted area was mapped and screened for hydrocarbons. Initial screening indicated that the hydrocarbon impacts are below the COGCC cleanup standards. Two confirmation samples were collected and will be sent to a lab on Monday, June 13, 2016.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|-------------------|---------------|--------------|-----------------|
| 6/11/2016 | COGCC | Stan Spencer | 970-625-2497 | Initial Form 19 |
| 6/11/2016 | Rio Blanco County | Lannie Massey | 970-878-9586 | Email |
| 6/11/2016 | BLM | James Roberts | 970-878-3873 | Voicemail |
| 6/11/2016 | Fire Department | Marshall Cook | - | Email |

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 06/16/2016

| 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>7</u> | <u>7</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>0</u> | <u>0</u> | <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): 192 Width of Impact (feet): 38

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

GPS and field observation

Soil/Geology Description:

73—Rentsac channery loam, 5 to 50 percent slopes

Depth to Groundwater (feet BGS) 100 Number Water Wells within 1/2 mile radius: 9

If less than 1 mile, distance in feet to nearest

| | | | | | |
|------------|------------|--|-------------------|-------------|--|
| Water Well | <u>383</u> | None <input type="checkbox"/> | Surface Water | <u>363</u> | None <input type="checkbox"/> |
| Wetlands | <u>363</u> | None <input type="checkbox"/> | Springs | _____ | None <input checked="" type="checkbox"/> |
| Livestock | _____ | None <input checked="" type="checkbox"/> | Occupied Building | <u>3364</u> | None <input type="checkbox"/> |

Additional Spill Details Not Provided Above:

The impacted area was mapped and screened for hydrocarbons. Initial screening indicated that the hydrocarbon impacts are below the COGCC cleanup standards. Two confirmation samples were collected. Future remediation will be determined based upon sampling results.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/16/2016

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)

The spill was caused by equipment failure. During fracing operation on the RGU 33-23-198 well, a union on an above ground frac line washed out and approximately 7 bbls of produced water sprayed off location on the pipeline right of way located southeast of the pad. O-ring on the swivel failed and caused leak.

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

Corrective actions include inspecting equipment and lines for wear and deterioration.

Volume of Soil Excavated (cubic yards): _____

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

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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: Michael Gardner
Title: EHS Date: 06/16/2016 Email: michael.gardner@wpenergy.com

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------|
| 401063799 | FORM 19 SUBMITTED |
| 401063839 | AERIAL PHOTOGRAPH |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|-------------------------|
| Agency | Assess nature and extent of contamination with confirmation soil samples. Remediate to Table 910-1 standards and provide documentation in a either another Supplemental F-19 if cleaned up immediately or F-27 if extended remediation is required. Also include any information that operator has available concerning pipeline failure analysis, integrity/pressure testing, and any data concerning the root causes of the spill. Provide all pipeline integrity data to the COGCC Pipeline Supervisor, Mark Schlagenhauf, at (303) 894-2100 x5177 or mark.schlagenhauf@state.co.us | 6/16/2016 2:25:40 PM |

Total: 1 comment(s)