

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401064531

Date Received:

06/21/2016

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:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/21/2016

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)

Poor weld on fiberglass fitting that came apart under pressure.

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

Hydraulic pressure testing of fiberglass piping at facility.

Volume of Soil Excavated (cubic yards): 25

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: Craig Meis

Title: VP EHS Date: 06/21/2016 Email: craig.meis@tallgrassenergyllp.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401064531	FORM 19 SUBMITTED
401064534	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)