

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:

401076021

Date Received:

07/11/2016

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

446563

SPILL/RELEASE REPORT (INITIAL)

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401076021

Initial Report Date: 07/11/2016 Date of Discovery: 07/09/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 2 TWP 7S RNG 95W MERIDIAN 6

Latitude: 39.472800 Longitude: -107.967050

Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-045-11452

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): >=1 and <5

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: Clear, sunny

Surface Owner: FEE Other(Specify): Hoagland

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):

Contractor failed to properly connect a hose to the trailer-mounted pump. The hose vibrated loose and approximately 3 bbls of produced water was spilled outside of secondary containment. The spill was caught immediately and the pumping operation was shut down. A vac pod was used to capture 90 - 95% of the fluid. Everything was contained on pad. There were no off-site release, or other environmental impacts. The contractor is working with a spill response contractor to characterize and clean-up any impacted soils to comply with COGCC 910-1 clean-up standards.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|---------------------------|
| 7/9/2016 | COGCC | Stan Spencer | 970-987-2891 | voice mail message |
| 7/9/2016 | Land owner | Ida Hoagland | - | contacted by TEP land man |
| 7/11/2016 | GarCo | Kirby Wynn | 970-987-2557 | email notification |
| 7/11/2016 | Grand Valley FPD | David Blair | 970-285-9119 | email notification |

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: Michael Gardner
 Title: Environmental Specialist Date: 07/11/2016 Email: mgardner@terraep.com

COA Type

Description

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| | |
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Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 401076021 | FORM 19 SUBMITTED |
|-----------|-------------------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| | | |
|---------------|---|-------------------------|
| Environmental | Assess nature and extent of contamination with confirmation soil samples. Remediate to Table 910-1 standards and provide documentation in a either a Supplemental F-19 if cleaned up immediately or F-27 if extended remediation is required. | 7/11/2016 1:40:20 PM |
|---------------|---|-------------------------|

Total: 1 comment(s)