

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401085827

Date Received:

07/28/2016

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: mgardner@terraep.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: 07/28/2016

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>0</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): 50 Width of Impact (feet): 20

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

How was extent determined?

Field observation and PID screening tools

Soil/Geology Description:

Rentac channery loam, 5 to 50 percent slopes

Depth to Groundwater (feet BGS) 507 Number Water Wells within 1/2 mile radius: 6

If less than 1 mile, distance in feet to nearest

Water Well	<u>4493</u>	None <input type="checkbox"/>	Surface Water	<u>519</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Two soil samples were collected to determine impacts. Results are as follows: Sample #1 (Point of Origin): TPH concentrations were 260 mg/Kg. Sample #2: End Point (of impact): TPH concentrations were 51 mg/Kg. Analytical data for both sample points were below COGCC 910-1 clean-up standards. No further action is required.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/28/2016

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 operations on the RGU 33-23-198 well, a union on an above-ground frac lin washed out and approximately 7 bbls of produced water sprayed off location onto the pipeline right of way located southeast of the pad. The impacted area was mapped and screened for hydrocarbons. Initial screen indicated that the hydrocarbon impacts are below the COGCC cleanup standards. Two confirmation samples were collected and sent to the lab for analysis on June 13, 2016.

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

Contractors instructed to increase inspections of equipment and repair/replace worn parts as soon as possible.

Volume of Soil Excavated (cubic yards): 0

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: Michael Gardner
Title: EHS Date: 07/28/2016 Email: mgardner@terraep.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401085831	ANALYTICAL RESULTS
401085884	SITE MAP

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)