

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:

401157671

Date Received:

11/29/2016

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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# 401157671

Initial Report Date: 11/29/2016 Date of Discovery: 11/29/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 36 TWP 6S RNG 94W MERIDIAN 6

Latitude: 39.485090 Longitude: -107.840760

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 323840
 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? 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: Overcast. Light snow.

Surface Owner: FEE 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):

A pin-hole leak was discovered in a produced water dump line inside a separator at approximately 12:30 p.m. this afternoon. It is estimated that approximately 2 bbls of produced water was released from the pin-hole. The water ran outside of the separator and pooled in a low spot on the NW corner of the perimeter berm. A vac-truck was used to recover about 10 gallons of the produced water. Production personnel discovered the leak quickly and the defective dump line was replaced within 2-3 hours of discovery. A field screen of the impacted soils indicate there is minimal hydrocarbon impacts; therefore, it is proposed that the impacted area be treated in-situ and periodically monitored to verify that COGCC 910-1 clean-up standards are met.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/29/2016	COGCC	Stan Spencer	970-987-2891	Initial Form 19
11/29/2016	Garfield County	Kirby Wynn	970-987-2557	Email
11/29/2016	GVFPD	David Blair	970-625-8095	Email
11/29/2016	Surface owner		-	Called by TEP land department

OPERATOR COMMENTS:

Also known as the Benton GV 15-36 pad.

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: TEP Environmental Date: 11/29/2016 Email: mgardner@terraep.com

COA Type

Description

<u>COA Type</u>	<u>Description</u>

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)