

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401207141

Date Received:

02/10/2017

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

449096

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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: 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# 401199702

Initial Report Date: 02/01/2017 Date of Discovery: 01/31/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 28 TWP 6S RNG 94W MERIDIAN 6

Latitude: 39.495715 Longitude: -107.890034

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 329913
 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? No

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: Sunny, warm.

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):

The spill was caused by equipment failure. Corrosion of a produced water tank resulted in the release of approximately 6 bbl of produced water into an earthen bermed containment. No fluid left location. The tank was removed, the impacted soil excavated and contained on location. Further cleanup efforts pending soil sample results.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/1/2017	COGCC	Stan Spencer	970-625-2497	Initial Form 19
2/1/2017	County	Kirby Wynn	970-625-5905	Email
2/1/2017	Fire Department	Orrin Moon	970-625-8632	Email
2/1/2017	Surface Owner		-	Email/Call

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 02/10/2017

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>6</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? YES 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): 17 Width of Impact (feet): 20

Depth of Impact (feet BGS): 2 Depth of Impact (inches BGS): 0

How was extent determined?

Visual observations, field screening, GIS mapping, and analytical testing

Soil/Geology Description:

Potts-Ildefonso Complex, 25-45% Slope

Depth to Groundwater (feet BGS) 51 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>3650</u>	None <input type="checkbox"/>	Surface Water	<u>525</u>	None <input type="checkbox"/>
Wetlands	<u>0</u>	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock		None <input checked="" type="checkbox"/>	Occupied Building	<u>1713</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The impacted soils have been excavated to a depth of ~2 feet below ground surface (bgs). Soils removed have been placed within a bermed containment cell for treatment. The treated soils within the bermed contained will be sampled for COGCC Table 910-1 thresholds in March 2017. At that time, if further treatment is needed, a Form 27 will be submitted outlining the treatment/landfarming process.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	02/10/2017
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
Corrosion within the production tank caused ~1" hole to develop at the bottom. A tear in the liner under the tank allowed produce water to impact soils below the containment to a depth of 2ft. Confirmation samples collected at the bottom of the excavation indicate soils satisfy COGCC Table 910-1 and no additional excavation is needed.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Routine inspections on tanks and secondary containment liners		
Volume of Soil Excavated (cubic yards): 20		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal	<input checked="" type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> 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:

Please forward onto Stan Spencer for review

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Mike Gardner

Title: Environmental Specialist Date: 02/10/2017 Email: MGardner@terraep.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401207623	ANALYTICAL RESULTS
401207624	TOPOGRAPHIC MAP

Total Attach: 2 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)