

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: <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# 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): _____

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) Human Error Equipment Failure Historical-Unknown
 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) 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:

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

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401207141	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401207623	ANALYTICAL RESULTS
401207624	TOPOGRAPHIC MAP
401208835	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	If stockpile does not meet Table 19 standards during March sampling even, Submit F-27 for design, O&M, and closure of onsite landfarm.	02/13/2017

Total: 1 comment(s)