

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:

401210439

Date Received:

02/15/2017

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
Address: PO BOX 370
City: PARACHUTE State: CO Zip: 81635
Contact Person: Michael Gardner
Phone Numbers: Phone: (970) 263-2760 Mobile: (970) 623-4875 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 [X] 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

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:

This Supplemental Form 19 is submitted to correct an error that was submitted on the Initial Form 19. The COGCC Location ID number (329913) on the initial Form 19 submittal was incorrect. The correct location ID number for this incident is 335115. Please make note of the correct Location ID number. All future correspondence related to this incident will use the Location ID number 335115.

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: 02/15/2017 Email: mgardner@terraep.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401210439	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401217825	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Agency	Location is actually 335115 API 05-045-11707	02/23/2017
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Total: 1 comment(s)