

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401218499

Date Received:

03/16/2017

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

446563

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) 623-4875</u>
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>		Mobile: <u>(970) 263-2760</u>
Contact Person: <u>Mike Gardner</u>		Email: <u>MGardner@terraep.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401076021

Initial Report Date: 07/11/2016 Date of Discovery: 07/09/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 2 TWP 7S RNG 95W MERIDIAN 6

Latitude: 39.472800 Longitude: -107.967050

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____

No Existing Facility or Location ID No.

Well API No. (Only if the reference facility is well) 05-045-11452

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: Clear, sunny

Surface Owner: FEE Other(Specify): Hoagland

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):

Contractor failed to properly connect a hose to the trailer-mounted pump. The hose vibrated loose and approximately 3 bbls of produced water was spilled outside of secondary containment. The spill was caught immediately and the pumping operation was shut down. A vac pod was used to capture 90 - 95% of the fluid. Everything was contained on pad. There were no off-site release, or other environmental impacts. The contractor is working with a spill response contractor to characterize and clean-up any impacted soils to comply with COGCC 910-1 clean-up standards.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/9/2016	COGCC	Stan Spencer	970-987-2891	voice mail message
7/9/2016	Land owner	Ida Hoagland	-	contacted by TEP land man
7/11/2016	GarCo	Kirby Wynn	970-987-2557	email notification
7/11/2016	Grand Valley FPD	David Blair	970-285-9119	email notification

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 02/24/2017

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>3</u>	<u>2</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): 50

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 6

How was extent determined?

Visual observations, field screening and confirmation analytical data

Soil/Geology Description:

Potts Loam - 3-6 percent slope

Depth to Groundwater (feet BGS) 102 Number Water Wells within 1/2 mile radius: 7

If less than 1 mile, distance in feet to nearest

Water Well	<u>1900</u>	None <input type="checkbox"/>	Surface Water	<u>950</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>2500</u>	None <input type="checkbox"/>	Occupied Building	<u>2500</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

95% of the release material was recovered via hydro-vac truck and placed back in the tanks. Any remaining liquids did not appear to exceed COGCC Table 910-1 thresholds and confirmation data satisfies 910-1 thresholds.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	02/24/2017	
Cause of Spill (Check all that apply)			
<input checked="" type="checkbox"/>	Human Error	<input 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)			
Contractor failed to properly secure the hose to the trailer mounted pump. The vibration of the pump allowed the hose to disconnect and release ~3bbbls of produced water onto the pad. A vac truck was used to recover 95% of the released material.			
Describe measures taken to prevent the problem(s) from reoccurring:			
Contractor equipment inspection and training			
Volume of Soil Excavated (cubic yards): 0			
Disposition of Excavated Soil (attach documentation)			
<input type="checkbox"/>	Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input checked="" type="checkbox"/>	Other (specify) No soil removed		
Volume of Impacted Ground Water Removed (bbbls): 0			
Volume of Impacted Surface Water Removed (bbbls): 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 provide to Stan Spencer for review
Terra is requesting closure of the spill # 446563 as confirmation data from the spill area satisfies COGCC Table 910-1.

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: 03/16/2017 Email: MGardner@terraep.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
401218640	SITE MAP
401218643	ANALYTICAL RESULTS

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)