

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:

401562147

Date Received:

03/03/2018

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

454162

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>TIMBER CREEK OPERATING LLC</u>	Operator No: <u>10672</u>	Phone Numbers
Address: <u>1001 17TH STREET #1000</u>		Phone: <u>(719) 845-2100</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(719) 859-2263</u>
Zip: <u>80202</u>		Email: <u>josephamato@tcenergy.us</u>
Contact Person: <u>Joseph Amato</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401557646

Initial Report Date: 02/28/2018 Date of Discovery: 02/26/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 5 TWP 35S RNG 67W MERIDIAN 6

Latitude: 37.024196 Longitude: -104.902793

Municipality (if within municipal boundaries): _____ County: LAS ANIMAS

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE ☐ Facility/Location ID No. _____

☐ No Existing Facility or Location ID No.

☒ Well API No. (Only if the reference facility is well) 05-071-07639

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? 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: Clear/ Sunny

Surface Owner: FEE Other(Specify): Hill Ranch

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 Timber Creek Lease operator arrived on location of the HILL RANCH 05-09V well site and noticed produced water coming from the separator. The well was immediately taken out of service. The spill did not leave location and no water was recovered. The spill did not reach waters of the state. 16.3 BBL Produced Water

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/27/2018	COGCC	Jason Kosola	719-641-0291	verbal @ 8:40 a.m., e-mail @ 9:43 a.m.
2/27/2018	Hill Ranch	Mike Powell	719-859-3207	verbal @ 8:43 a.m.
2/27/2018	Las Animas County	Robert Lucero	719-680-5100	verbal @ 8:45 a.m., e-mail @ 9:43 a.m.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/03/2018			
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	16	0	<input type="checkbox"/>	
DRILLING FLUID	0	0	<input type="checkbox"/>	
FLOW BACK FLUID	0	0	<input type="checkbox"/>	
OTHER E&P WASTE	0	0	<input type="checkbox"/>	
specify: _____				
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted: Length of Impact (feet): 166		Width of Impact (feet): 13		
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____		
How was extent determined?				
GPS, Visual Verification, Physical Measurement				
Soil/Geology Description:				
Non-Crop Land: Fuera / Dargol				
Depth to Groundwater (feet BGS) 246		Number Water Wells within 1/2 mile radius: 1		
If less than 1 mile, distance in feet to nearest	Water Well 1320	None <input type="checkbox"/>	Surface Water 647	None <input type="checkbox"/>
	Wetlands 647	None <input type="checkbox"/>	Springs	None <input checked="" type="checkbox"/>
	Livestock	None <input checked="" type="checkbox"/>	Occupied Building	None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:				

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 03/03/2018
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) <div>A contract company was hired to replace a valve in the separator house at the Hill Ranch 05-09V location. After investigation, it was found that a hammer union was not tightened, causing a leak.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>A Timber Creek employee shall verify all contractor work after completion and before start-up. Contractors shall adhere to all Timber Creek policies.</div>	
Volume of Soil Excavated (cubic yards): 0	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input 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:

Timber Creek Energy is requesting closure of this spill. No soil samples were taken from this location. It has been found that soil sampling no longer adds useful data on smaller limited spills as land uses and the environment are not sensitive to short-term exposure to CBM produced water. Soil Chemistry effects from limited CBM produced water spills are temporary and shallow for several reasons: The Raton Basin is a dry gas operation; there is no crude oil or liquid hydrocarbons in the water; the TDS is normally less than 5000 mg/L; it is suitable for water source for livestock and wildlife; and in many cases approved for surface discharge. Representative water quality results are attached for outfall 093A. The insitu pH is 8.8 for the attached analytical results.

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

Signed: _____ Print Name: Joseph Amato

Title: Environmental Manager Date: 03/03/2018 Email: josephamato@tcenergy.us

COA Type

Description

	Based on review of information presented it appears that no further action is necessary at this time. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water or vegetation is found to be significantly impacted, further investigation and/or remediation activities may be required at the site.
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401562147	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401562148	ANALYTICAL RESULTS
401564087	FORM 19 SUBMITTED

Total Attach: 3 Files

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

Total: 0 comment(s)