

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401823254

Date Received:

11/09/2018

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

458284

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: ()
Contact Person: Michael Gardner		Email: MGardner@terraep.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401807278

Initial Report Date: 10/23/2018 Date of Discovery: 10/22/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 24 TWP 1S RNG 98W MERIDIAN 6

Latitude: 39.947306 Longitude: -108.339316

Municipality (if within municipal boundaries): County: RIO BLANCO

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 335724

Spill/Release Point Name: No Existing Facility or Location ID No.

Number: 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? 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: Total estimated spill volume is ~ 45 bbls

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: Overcast, cool, breezy, light rain

Surface Owner: FEDERAL 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):

A subcontract water hauler failed to pull a water blow-down tank as scheduled, and as a result, the tank overflowed into an earthen secondary containment structure on the pad. The earthen secondary containment structure contained most of the release, but an estimated 5 bbls seeped through the containment structure and onto the pad surface. All fluids were contained on the pad. A vac-truck was dispatched to the site recovered approximately 25 bbls of standing fluid from the containment and small puddles outside of the containment. Root cause of the incident is human error. All impacted soils will be excavated and evaluated for potential on-site landfarming. If soils cannot be managed on-site, they will be transported for off-site disposal at an approved disposal facility.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/23/2018	COGCC	Stan Spencer	970-987-2891	Initial Form 19 and email notification
10/23/2018	BLM	Tracy Prefors	970-317-1534	Email notification
10/23/2018	Lanny Massey	Rio Blanco County	970-878-9586	Email notification
10/23/2018	Steve Allen	Meeker Fire and Rescue	970-756-0990	Email notification

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/02/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	45	25	<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: 45 bbls

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): _____ Width of Impact (feet): _____

Depth of Impact (feet BGS): 1 Depth of Impact (inches BGS): 6

How was extent determined?

visual observations, field screening equipment (PID & PetroFlag) and confirmation analytical data

Soil/Geology Description:

OH - organic clay/silt

Depth to Groundwater (feet BGS) 477 Number Water Wells within 1/2 mile radius: 2
 If less than 1 mile, distance in feet to nearest Water Well 3283 None Surface Water _____ None
 Wetlands _____ None Springs _____ None
 Livestock _____ None Occupied Building _____ None

Additional Spill Details Not Provided Above:

Dry ephemeral drainage lies approximately 2530ft to the west. Water well construction report for well located 3,283ft to the northeast (Permit # 32722-MH) indicates ground water is at 477ft. All impacted material has been excavated and stockpiled on location. Confirmation samples have been collected and are being analyzed at ALS.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/02/2018

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)

A subcontractor water hauler forgot to pull the fluids from the blow-down tank as scheduled, resulting in the tank overflowing. 45 bbls of produced water was released into the earthen secondary containment, of which 25 bbls was recovered.

Describe measures taken to prevent the problem(s) from reoccurring:

Reinforce importance of following schedules for pulling tanks with subcontractor. Request corrective action plan from contractor to make sure this type of incident does not happen again.

Volume of Soil Excavated (cubic yards): 30

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) TBD

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

Attached to this Supplemental Form 19 is the prelim data for the excavation. ALS Laboratory is backed up on their samples and will not have the final report available until early next week.

The release occurred on the RGU 33-24 well pad (not the tank battery)

With regards to the COA's on the Initial Form 19 (401807278), below is a response:
 -Temporary blow-down tanks are no longer being used. These tanks and the temporary berming have been removed from location.

- At this time, it is undetermined if landfarming or offsite disposal will occur. Once final confirmation data is received and the final volume is calculated, a Supplemental Form 19 will be provided outlining the management of the excavated material.
 - A figure and analytical table will be provided on the second Supplemental Form 19 containing the finalized ALS data report.

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: 11/09/2018 Email: MGardner@terraep.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401823349	ANALYTICAL RESULTS
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)