

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:

401937408

Date Received:

02/15/2019

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

461897

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: (970) 623-4875
Contact Person: Michael Gardner		Email: mgardner@terraep.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401935381

Initial Report Date: 02/11/2019 Date of Discovery: 02/09/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 19 TWP 6S RNG 94W MERIDIAN 6

Latitude: 39.507313 Longitude: -107.932810

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 335433

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: Approximately 40 bbls spilled inside metal, lined secondary containment

Land Use:

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

Weather Condition: Cold temps, breezy, overcast

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):

While pulling a load of produced water from the Rulison Section 19 Tank Facility, the water hauler failed to open the correct manifold valve causing one of the tanks of overflow inside the lined, metal secondary containment structure. The tank overflow was noticed immediately and the correct valve was opened thereby stopping the overflow. The contractor dispatched a vac-truck to the location and was able to recover 100% of the fluid from the containment structure. None of the fluid escaped the secondary containment structure and there were no off-site or other environmental impacts. The root cause of this incident was human error. The contractor was required to investigate the incident and to provide a specific procedure to prevent re-occurrence of this type of incident. Training on the new procedure will be provided to all drivers working for this company.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/10/2019	COGCC	Alex Fisher	970-894-2100	Email message and Initial Form 19 on 2/11/19.
2/11/2019	BLM	Jim Byers	970-319-2532	Email message
2/11/2019	GVFPD	Chief David Blair	970-285-9119	Email message
2/11/2019	GarCo	Kirby Wynn	970-987-2557	Email message

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: 02/12/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	40	40	<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: 40 bbls

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): 40 Width of Impact (feet): 30

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

How was extent determined?

As the release occurred within a steel lined secondary containment, visual observations were used to recover all material within containment.

Soil/Geology Description:

Potts-Ildefonso Complex, 25-45% slope, CL- clay of low plasticity, lean clay and GC - clayey gravel

COA Type**Description**

	Based on the information presented, it appears that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate impacts of Table 910-1 constituents in soils (around or beneath the lined secondary containment) or if ground water is found to be impacted, then further investigation and/or remediation activities may be required.
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Attachment Check List**Att Doc Num****Name**

401937408	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401938480	SITE MAP
401942357	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)