

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:

401942643

Date Received:

02/16/2019

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

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>NGL WATER SOLUTIONS DJ LLC</u>	Operator No: <u>10373</u>	Phone Numbers
Address: <u>3773 CHERRY CRK NORTH DR #1000</u>		Phone: <u>(303) 815-1010</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80209</u>
Contact Person: <u>Joseph Vargo</u>		Mobile: <u>(406) 868-9799</u>
		Email: <u>joseph.vargo@nglep.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401942643

Initial Report Date: 02/16/2019 Date of Discovery: 02/16/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 18 TWP 6N RNG 63W MERIDIAN 6

Latitude: 40.489735 Longitude: -104.472850

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

Reference Location:

Facility Type: OIL AND GAS LOCATION

☐ Facility/Location ID No _____

Spill/Release Point Name: NGL APOLLO

☐ No Existing Facility or Location ID No.

Number: 11

☒ Well API No. (Only if the reference facility is well) 05-123-42210

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): >=100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Partially Cloudy. Low 30s

Surface Owner: FEE

Other(Specify): NGL

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):

Do not know all the details yet but will continue to supplement as more is known. Around a 200 BBL water spill at our NGL Apollo Well.

List Agencies and Other Parties Notified:

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: _____

OPERATOR COMMENTS:

Will continue to update with better info such as exact lat / long and BBLS

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

Signed: _____ Print Name: Joseph Vargo

Title: Regulatory Manager Date: 02/16/2019 Email: joseph.vargo@nglep.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)