

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401948872

Date Received:

02/22/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

462223

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>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>		Mobile: <u>(406) 868-9799</u>
Contact Person: <u>Joseph Vargo</u>		Email: <u>joseph.vargo@gmail.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: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	02/22/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	423	390	<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>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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): <u>30</u>		Width of Impact (feet): <u>10</u>		
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>1</u>		
How was extent determined?				
Extent determined based on the previous water trucks that had unloaded with water still in the system. Water truck 1 was 150 bbls. Water truck 2 was 230 bbls.				
Soil/Geology Description:				
Sand. Dirt.				
Depth to Groundwater (feet BGS) <u>65</u>		Number Water Wells within 1/2 mile radius: <u>10</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>184</u> None <input type="checkbox"/>	Surface Water _____	None <input checked="" type="checkbox"/>
		Wetlands _____	Springs _____	None <input checked="" type="checkbox"/>
		Livestock _____	Occupied Building <u>648</u>	None <input type="checkbox"/>
Additional Spill Details Not Provided Above:				
Apollo SWD is an unmanned facility. A spill was discovered when operators checked the facility the morning of 2/16/2019. An injection pump lubricator had become loose and fell off of the pump. This caused a ceramic plunger to overheat and break. Water then flowed through the plunger and into the pump house. The pump remained in operation and water filled the pump house containment and sump and spilled onto the Apollo facility, outside of containment. The sump pump did not engage because of a damaged float: a known issue.				

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:

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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: 02/22/2019 Email: joseph.vargo@gmail.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401948917	SITE MAP

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)