

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:

402113583

Date Received:

07/18/2019

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

455558

### 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>	<b>Phone Numbers</b>
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@nglep.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401680090

Initial Report Date: 06/20/2018 Date of Discovery: 06/18/2018 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 29 TWP 2N RNG 64W MERIDIAN 6

Latitude: 40.102965 Longitude: -104.582798

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 455482

Spill/Release Point Name: NGL C5 Facility  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? 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: Estimated 3770 BBLS

#### Land Use:

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Wet, Damp

Surface Owner: FEE 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):

At approximately 10:37pm, NGL's C5 facility was struck by lightning on June 18, 2018. This caused a fire within the tank battery, damaging 14 tanks. The produced water that was in the tanks that were destroyed stayed entirely within the primary concrete containment. No oil tanks were damaged. No water ever escaped the containment or ever came into contact with the ground or soil. Fire department had extinguished the fire by 6:00am. NGL used vac trucks in the containment to then transport the water to other NGL facilities - C2, C3, C6.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/19/2018	Weld County	Ben Frissell	970-400-2220	
6/19/2018	COGCC	Rick Allison	303-894-2100	Call at 7:24 VM. COGCC on site at 8:00am

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: 401679942

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	07/18/2019		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	3770	3770	<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>YES</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
Impacted Media (Check all that apply) <input 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): _____			Width of Impact (feet): _____	
Depth of Impact (feet BGS): _____			Depth of Impact (inches BGS): _____	
How was extent determined?				
NGL knew roughly how much was in each tank, and then all bbls stayed within containment, so when we processed through the system we were able to determine bbl amount. 14 tanks destroyed by lightning.				
Soil/Geology Description:				
Dirt. Sand. Gravel.				
Depth to Groundwater (feet BGS) <u>630</u>		Number Water Wells within 1/2 mile radius: <u>6</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>1637</u> None <input type="checkbox"/>	Surface Water _____	None <input checked="" type="checkbox"/>
		Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____
			None <input checked="" type="checkbox"/>	

Livestock \_\_\_\_\_ None

Occupied Building \_\_\_\_\_ None

Additional Spill Details Not Provided Above:

All water cleaned up and taken to other NGL facilities.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/18/2019

Cause of Spill (Check all that apply)  Human Error  Equipment Failure  Historical-Unknown  
 Other (specify) Lightning Strike

Describe Incident & Root Cause (include specific equipment and point of failure)

Lightning struck one of the tanks which caused a fire within the tank battery.

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

Working with different lightning protection companies to install different lightning protection. Had lightning protection and it didn't work.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 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:

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: 07/18/2019 Email: joseph.vargo@nglep.com

### COA Type

### Description

### Attachment Check List

#### Att Doc Num

#### Name

402113613 SITE MAP

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)