

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:

402273698

Date Received:

12/29/2019

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>	<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# 402273698

Initial Report Date: 12/29/2019 Date of Discovery: 12/28/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 28 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.016169 Longitude: -104.896529

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

#### Reference Location:

Facility Type: OIL AND GAS LOCATION

☐ Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: NGL C2C

☐ No Existing Facility or Location ID No.

Number: \_\_\_\_\_

☒ Well API No. (Only if the reference facility is well) 05-123-42698

#### 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: 13 BBLS

#### Land Use:

Current Land Use: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Snow

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):

A gasket failed on one of the initial C2C flowline risers. This caused a 13 BBL spill that was entirely contained to the well pad and was completely cleaned up using a vac truck. This gasket failure was noticed around 3pm on Saturday, December 28, 2019 and flowline was quickly shut down and vac truck removed any water from dirt clay well pad.

**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 follow up with an overview of the release area.

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: 12/29/2019 Email: joseph.vargo@nglep.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**      **Name**

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Total Attach: 0 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)