

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402277767

Date Received:

01/06/2020

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>
Contact Person: <u>Joseph Vargo</u>		Mobile: <u>(406) 868-9799</u>
		Email: <u>joseph.vargo@nglep.co</u> <u>m</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 6Latitude: 40.489735 Longitude: -104.472850Municipality (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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Partially Cloudy. Low 30sSurface Owner: FEEOther(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: _____

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 01/06/2020
Cause of Spill (Check all that apply)	<input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____
Describe Incident & Root Cause (include specific equipment and point of failure)	
An injection pump lubricator became loose and eventually fell off the pump. A ceramic plunger then overheated and broke. Water then began flowing through the plunger and into the pump house.	
Describe measures taken to prevent the problem(s) from reoccurring:	
Continuous monitoring and tightening (daily) of anything that could potentially become loose on an injection pump.	
Volume of Soil Excavated (cubic yards): 5	
Disposition of Excavated Soil (attach documentation) <input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> 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: 01/06/2020 Email: joseph.vargo@nglep.com

COA Type

Description

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Attachment Check List

Att Doc Num **Name**

402277771	ANALYTICAL RESULTS
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Total Attach: 1 Files

General Comments

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

		Stamp Upon Approval
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Total: 0 comment(s)