

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:

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> | | 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# 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: _____

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

| | |
|--|--|
| | |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------------------------|
| 402277767 | SPILL/RELEASE REPORT(SUPPLEMENTAL) |
| 402277771 | ANALYTICAL RESULTS |
| 402278008 | FORM 19 SUBMITTED |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)