

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:

402329906

Date Received:

03/03/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

470399

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: NGL WATER SOLUTIONS DJ LLC	Operator No: 10373	Phone Numbers
Address: 3773 CHERRY CRK NORTH DR #1000		Phone: (303) 815-1010
City: DENVER State: CO Zip: 80209		Mobile: (406) 868-9799
Contact Person: Joseph Vargo		Email: joseph.vargo@nglep.com

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:

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

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

☐ No Existing Facility or Location ID No.

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? Yes ☐ No ☒

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

Was there damage during excavation? Yes ☐ No ☐

If YES, was CO 811 notified prior to excavation? Yes ☐ No ☐

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:

Soil Sampling for area attached. Apologes on any confusion on this one, but this release was actually closer to the C2B well (123-42433) than it was the C2C (123-42698). I orignially filed under C2C as that's what was relayed to me in error by the field. However lat / long and all other details remain unchanged.

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: 03/03/2020 Email: joseph.vargo@nglep.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402329919	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)