

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:

401680090

Date Received:

06/20/2018

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

455558

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>	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.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 6Latitude: 40.102965 Longitude: -104.582798Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY☒ Facility/Location ID No 455482Spill/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): 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): 0Specify: Estimated 3770 BBLS

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Wet, DampSurface 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

OPERATOR COMMENTS:

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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: 06/20/2018 Email: joseph.vargo@nglep.com

Condition of Approval

COA Type

Description

0 COA

Attachment List

Att Doc Num

Name

401680090	SPILL/RELEASE REPORT(INITIAL)
401681698	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Environmental	I created a TB facility number for this location. The location was changed to the TB facility number from the well API.	06/21/2018
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Total: 1 comment(s)