

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

404206130

Date Received:

05/15/2025

Spill report taken by:

Cholas, Nick

Spill/Release Point ID:

490007

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to ECMC Rule 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

OPERATOR INFORMATION

Name of Operator: <u>ROCKY MOUNTAIN MIDSTREAM LLC</u>	Operator No: <u>10716</u>	Phone Numbers
Address: <u>13781 PACIFIC CIRCLE</u>		Phone: <u>(970) 618-3329</u>
City: <u>MEAD</u> State: <u>CO</u> Zip: <u>80542</u>		Mobile: <u>(970) 618-3329</u>
Contact Person: <u>Annette Garrigues</u>		Email: <u>Annette.Garrigues@williams.com</u>

Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 404186982

Initial Report Date: 05/01/2025 Date of Discovery: 02/12/2025 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SWNE SEC 26 TWP 5N RNG 65W MERIDIAN 6

Latitude: 40.371509 Longitude: -104.629361

Municipality (if within municipal boundaries): Auburn County: WELD

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

Check this box if this spill/release is related to a loss of integrity of a flowline, pipeline, crude oil transfer line, or produced water transfer line.

Reference Location:

Facility Type: GAS COMPRESSOR STATION Facility/Location ID No 479420

Spill/Release Point Name: _____ Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID No.

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): >0 and <1

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Has the subject Spill/Release been controlled at the time of reporting? Yes

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: Sunny

Surface Owner: FEE Other(Specify): _____

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

See attached SUMMARY document.

List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):

Data not required

REPORT CRITERIA

Rule 912.b.(1) Report to the Director (select all criteria that apply):

Yes Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.

Waters of the State: Threatened to Impact Public Water System: n/a

Residence or Occupied Structure: n/a Livestock: n/a

Wildlife: n/a Publicly-Maintained Road: n/a

No Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.

No Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.

No Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak

Enter the approximate time of discovery _____ (HH:MM)

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? _____

Enter the Document Number of the Initial Accident Report, Form 22 _____

Was there damage during excavation? _____

Was CO 811 notified prior to excavation? _____

No Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.

Estimated Volume of Impacted Solids (cu. yd.): _____

No Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:

The presence of free product or hydrocarbon sheen Surface Water

The presence of free product or hydrocarbon sheen on Groundwater

The presence of contaminated soil in contact with Groundwater

The presence of contaminated soil in contact with Surface water

No Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylight from the subsurface.

No Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property.

Areas offsite of Oil & Gas Location Off-Location Flowline right of way

No	Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.
No	Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: <u>05/15/2025</u>	
FLUIDS	BBL's SPILLED	BBL's RECOVERED
OIL	<u>0</u>	<u>0</u>
CONDENSATE	<u>0</u>	<u>0</u>
PRODUCED WATER	<u>0</u>	<u>0</u>
DRILLING FLUID	<u>0</u>	<u>0</u>
FLOW BACK FLUID	<u>0</u>	<u>0</u>
OTHER E&P WASTE	<u>0</u>	<u>0</u>
specify: _____		
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>		
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>		
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit		
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature		
Surface Area Impacted: Length of Impact (feet): <u>60</u>		Width of Impact (feet): <u>3</u>
Depth of Impact (feet BGS): <u>10</u>		Depth of Impact (inches BGS): _____
How was extent determined?		
Through soil sampling efforts, another round of soil sampling will be proposed via Form 27, following this Supplemental F19. The next round of sampling will fill data gaps to comply with Table 915-1, and also to determine if this release has impacted groundwater.		
Soil/Geology Description:		
<u>Loam/Clay</u>		
Depth to Groundwater (feet BGS) <u>11</u>		Number Water Wells within 1/2 mile radius: <u>9</u>
If less than 1 mile, distance in feet to nearest		Water Well <u>500</u> None <input type="checkbox"/>
		Surface Water <u>645</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>
		Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>
		Occupied Building <u>2123</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:		

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/15/2025

Root Cause of Spill/Release Incorrect Operations (Human Error)

Other (specify)

Type of Equipment at Point of Spill/Release: Process Piping

If "Other" selected above, specify or describe here:

Empty text box for specifying or describing the "Other" category.

Describe Incident & Root Cause (include specific equipment and point of failure)

Source was determined to be a historical skid drain pot that had occasionally sprayed fluids onto the ground. The drain pot issue was resolved back in 2021. The pots are now drained manually into the slop tanks.

Describe measures taken to prevent the problem(s) from reoccurring:

The drain pot issue was resolved back in 2021. The pots are now drained manually into the slop tanks.

Volume of Soil Excavated (cubic yards): 3

Disposition of Excavated Soil (attach documentation) [X] Offsite Disposal [] Onsite Treatment [] 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, check all that apply)
[] Horizontal and Vertical extents of impacts have been delineated.
[] Documentation of compliance with Table 915-1 is attached.
[] All E&P Waste has been properly treated or disposed.
[] Work proceeding under an approved Form 27 (Rule 912.c).
Form 27 Remediation Project No:
[] SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

Another round of soil sampling will be proposed via Form 27, following this Supplemental F19. The next round of sampling will fill data gaps to comply with Table 915-1, and also to determine if this release has impacted groundwater.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: Print Name: Annette Garrigues
Title: Environmental Specialist Date: 05/15/2025 Email: Annette.Garrigues@williams.com

Table with 2 columns: COA Type, Description. Row 1: 1 COA, Operator shall comply with outstanding Comments/COA's from previous Form 19 submittals.

ATTACHMENT LIST

Att Doc Num	Name
404206130	SPILL/RELEASE REPORT(SUPPLEMENTAL)
404206259	OTHER
404213820	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)