

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:

400829407

Date Received:

04/27/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

441564

**SPILL/RELEASE REPORT (SUPPLEMENTAL)**

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. 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>	<b>Phone Numbers</b>
Address: <u>3773 CHERRY CRK NORTH DR #1000</u>		Phone: <u>(720) 420-5747</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80209</u>		Mobile: <u>( )</u>
Contact Person: <u>Paul Gottlob</u>		Email: <u>paul.gottlob@iptenergy services.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 400827801

Initial Report Date: 04/20/2015 Date of Discovery: 04/17/2015 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SWSE SEC 26 TWP 6N RNG 65W MERIDIAN 6

Latitude: 40.451472 Longitude: -104.627806

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

**Reference Location:**

Facility Type: OTHER  Facility/Location ID No 311343  
 No Existing Facility or Location ID No.  
 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? 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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>&gt;=100</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: \_\_\_\_\_

**Land Use:**

Current Land Use: OTHER Other(Specify): UIC FACILITY  
 Weather Condition: RAINING & ELETRICAL STORM  
 Surface Owner: FEE Other(Specify): SUA IN PLACE

**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):

Lightening strike caused loss of Tank Battery. Investigation of extent of loss in progress and amounts are not final. Facility is shut in and there were no injuries.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
4/17/2015	COGCC	RICK ALLISON	303-894-2100	SUBMIT FORMS 22 & 19
4/17/2015	COGCC	DIANA BURN	303-894-2100	SUBMIT FORMS 22 & 19
4/17/2015	COGCC	JIM PRECUP	303-726-3822	ON SITE

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 04/24/2015

<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>238</u>	<u>238</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>3419</u>	<u>3419</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>164</u>	<u>164</u>	<input type="checkbox"/>

specify: Solid sediments from water treatment system

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**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)  Soil  Groundwater  Surface Water  Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 414 Width of Impact (feet): 120

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Measure 3 areas: 342' x120', 120' x 31' & 166' x 30' = 49,740 sq/ft. Hauled off 39,150 cu/ft contaminated soil to Waste Management Buffalo Ridge.

Soil/Geology Description:

Compacted road base & a 30' wide area of silt, sand and clay loam. See attached detailed report.

Depth to Groundwater (feet BGS) 15 Number Water Wells within 1/2 mile radius: 16

If less than 1 mile, distance in feet to nearest

Water Well	<u>344</u>	None <input type="checkbox"/>	Surface Water	<u>5015</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>443</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

1. Oil was either burned, removed with produced water or with removal of soil - no oil left on site. 2. All produced water 3515 bbls removed in transports and the remainder removed with soil. 3. See attached detailed report.

### CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>04/24/2015</u>
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown	
<input checked="" type="checkbox"/> Other (specify) <u>Lightening strike.</u>	
Describe Incident & Root Cause (include specific equipment and point of failure)	
<p>At 13:08:10 MST on 17 April 2015 lightning struck a tank within the NGL C4 water treatment facility causing an internal fire which began spreading to other tanks in the oil treating and sales area of the tank battery. Evacuation of the facility began immediately after the strike and Weld County emergency services and NGL's management were notified by the plant operator at 13:10:33 MST. First responders arrived on scene at 13:26:06. The fire continued to escalate as temperatures increased and at 13:52:35 MST an empty oil sales tank exploded and was propelled into the storm water collection pond. There were no injuries. See attached for complete details.</p>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<p>Investigation in progress.</p>	
Volume of Soil Excavated (cubic yards): <u>1450</u>	
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): <u>0</u>	
Volume of Impacted Surface Water Removed (bbls): <u>0</u>	

### 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: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Paul Gottlob

Title: Regulatory & Engin. Tech. Date: 04/27/2015 Email: paul.gottlob@iptenergyservices.com

<u>COA Type</u>	<u>Description</u>

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2143098	OTHER
400829407	FORM 19 SUBMITTED
400830384	AERIAL PHOTOGRAPH
400830387	OTHER
400830388	OTHER
400830390	TOPOGRAPHIC MAP
400831362	OTHER

Total Attach: 7 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Attached photo log received from the Operator via email - Document#2143098	5/4/2015 1:27:41 PM
Environmental	The Operator shall submit a Form 19 Supplemental Report that documents the successful remediation of the release within 90 days of the release date. Supporting documentation shall include confirmation soil sample analytical results in a summary format with a comparison to the Table 910-1 Standards, the laboratory analytical reports, and a site diagram that illustrates the release extent and location of confirmation soil samples.	5/4/2015 10:51:09 AM
Environmental	Removed request for closure. Closure will not be granted until Confirmation soil sample results have been received.	5/4/2015 10:47:55 AM

Total: 3 comment(s)