

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:

400836584

Date Received:

05/07/2015

SPILL/RELEASE REPORT (INITIAL)

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.

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

441759

OPERATOR INFORMATION

Name of Operator: <u>QEP ENERGY COMPANY</u>	Operator No: <u>10343</u>	Phone Numbers
Address: <u>1050 17TH STREET - SUITE 800</u>		Phone: <u>(303) 260-1166</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80265</u>		Mobile: <u>(303) 917-3596</u>
Contact Person: <u>Michelle Schuster</u>		Email: <u>michelle.schuster@qepres.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400836584

Initial Report Date: 05/06/2015 Date of Discovery: 05/06/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 26 TWP 37N RNG 19W MERIDIAN N

Latitude: 37.436710 Longitude: -108.910660

Municipality (if within municipal boundaries): _____ County: MONTEZUMA

Reference Location:

Facility Type: OTHER Facility/Location ID No 255945
 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? No

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

Estimated Oil Spill Volume(bbl): Unknown Estimated Condensate Spill Volume(bbl): 0

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: Approximately 1 bbl of NGL .

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): On-site release

Weather Condition: Rain

Surface Owner: FEDERAL 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 9:00 am on May 6, 2015 the operator at the Cutthroat B Gas Processing Facility noticed several small bubbles coming from a rainwater puddle directly outside of the processing building. Once discovered, the operator shut off the dump line from the demethanizer to the NGL storage tank, stopping liquid from passing into the 1" line. The operator also shut off all check valves to isolate the damaged piping. The release is estimated at approximately 1 bbl of NGL that evaporated once released. COGCC was notified by phone at 11:15 on May 6, 2015. On May 7, 2015 at 8:00 am a backhoe is scheduled onsite to excavate and replace the line.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/6/2015	BLM	Pamela Leschak	970-385-1342	Spoke with Pam directly.
5/6/2015	CDPHE	Hotline	877-518-5608	Left a message.
5/6/2015	COGCC	Jim Hughes	970-259-4880	Spoke with Jim directly.

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: Michelle Schuster

Title: HSE Engineer Date: 05/07/2015 Email: michelle.schuster@qepres.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400836584	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)