

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:

400847401

Date Received:

06/05/2015

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>	Phone Numbers
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>
Contact Person: <u>Paul Gottlob</u>		Mobile: <u>()</u>
		Email: <u>paul.gottlob@iptenergy.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 6Latitude: 40.451472 Longitude: -104.627806Municipality (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): 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): 0

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): UIC FACILITYWeather Condition: RAINING & ELECTRICAL STORMSurface 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

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	06/05/2015
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Cause of Spill (Check all that apply) ☐ Human Error ☐ Equipment Failure ☐ Historical-Unknown

☒ Other (specify) Lightning Strike

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

Lightning Strike as previously submitted. See additional info on Submit tab.

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

Volume of Soil Excavated (cubic yards): 2608

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment

☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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: 06/05/2015 Email: paul.gottlob@iptenergyservices.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400848156	ANALYTICAL RESULTS
400848157	ANALYTICAL RESULTS
400848159	ANALYTICAL RESULTS
400848161	DISPOSAL MANIFEST
400848163	DISPOSAL MANIFEST
400848168	OTHER
400848179	OTHER
400848184	SITE MAP
400848202	ANALYTICAL RESULTS
400848204	ANALYTICAL RESULTS
400848205	ANALYTICAL RESULTS
400848211	ANALYTICAL RESULTS
400848212	ANALYTICAL RESULTS
400849189	DISPOSAL MANIFEST
400849191	DISPOSAL MANIFEST
400849192	DISPOSAL MANIFEST
400849195	DISPOSAL MANIFEST

Total Attach: 17 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)