

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400897091

Date Received:

09/11/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

443195

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.

OPERATOR INFORMATION

Name of Operator: RED ROCK GATHERING COMPANY LLC	Operator No: 13980	Phone Numbers Phone: (720) 3583846 Mobile: (303) 9172791 Email: tbrahim@summitmidstream.com
Address: 999 18TH STREET STE 3400 SOUTH		
City: DENVER	State: CO Zip: 80202	
Contact Person: Tarik Ibrahim		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400897091

Initial Report Date: 09/09/2015 Date of Discovery: 09/08/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 20 TWP 7S RNG 95W MERIDIAN 6

Latitude: 39.430462 Longitude: -108.011194

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: PIPELINE ☐ Facility/Location ID No ☐
☒ 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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 10 bbls of produced water

Land Use:

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

Weather Condition: 82 F, SW Wind at 6 mph, Cloudy

Surface Owner: OTHER (SPECIFY) Other(Specify): Receiving Station Site

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 5:00 pm on 9/8/2015, Red Rock Gathering Company, LLC was informed that a linestrike had occurred on the High Mesa 8 inch pipeline by Willow Creek Company, a third party contractor conducting excavation work. The line strike resulted in the release of approximately 10 bbls of produced water, which was contained in the excavated area on the receiving station site. A mist of produced water and surface soil was sprayed from the rupture area, and misted a dry drainage ditch 50 yards north of the incident location. Upon discovery of the incident, operations personnel shut-in and immediately depressurized the segment of pipeline. An environmental remediation contractor arrived on site on the morning of 9/9/2015 and is in the process of remediating the impacted areas.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
9/9/2015	CDPHE	Ann Nedrow	877-5185608	
9/9/2015	COGCC	Carlora Lujan	970-6252497	

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: Andrew Parisi

Title: Director of Environmental Date: 09/11/2015 Email: aparisi@summitmidstream.com

COA Type **Description**

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Attachment Check List

Att Doc Num **Name**

Total Attach: Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)