

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:

401075160

Date Received:

07/07/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445727

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>BNN WESTERN LLC</u>	Operator No: <u>10608</u>	Phone Numbers
Address: <u>370 VAN GORDON STREET</u>		Phone: <u>(303) 763-3442</u>
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80228</u>		Mobile: <u>(970) 261-3567</u>
Contact Person: <u>Craig Meis</u>		Email: <u>craig.meis@tallgrassenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401043131

Initial Report Date: 05/07/2016 Date of Discovery: 05/06/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 16 TWP 9N RNG 59W MERIDIAN 6

Latitude: 40.749343 Longitude: -103.991678

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

Reference Location:

Facility Type: OTHER Facility/Location ID No 159962
 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): >=100 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

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

Specify: _____

Land Use:

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

Weather Condition: Rain and Lightning

Surface Owner: FEE Other(Specify): Wade and Todd Castor

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 ~11pm on 5/6/16 lightning struck the Wildhorse SWD tank battery. Site was isolated, secured and monitored by local first responders and BNN Field Operations personnel till fire subsided. No fire or liquids left fenced perimeter of site or pad. Free liquid is being collected via vac trucks.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/7/2016	Weld County Commissioner	Barb Kirkmeyer	970-866-4988	Email notification sent. Read receipt received.
5/7/2016	Landowner	Wade and Todd Castor	970-768-0363	Verbally notified. No concerns.
5/7/2016	Adjacent Landowner	Timbro Ranch and Cattle	303-917-2732	Verbally notified. No concerns.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/07/2016

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 to tank battery causing fire and spill.

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

On-going investigation related to lightning suppression system that was installed and active at time of incident.

Volume of Soil Excavated (cubic yards): 100

Disposition of Excavated Soil (attach documentation) 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)

Work proceeding under an approved Form 27

Form 27 Remediation Project No: _____

OPERATOR COMMENTS:

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

Signed: _____ Print Name: Craig Meis

Title: VP EHS Date: 07/07/2016 Email: craig.meis@tallgrassenergyllp.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401075160	FORM 19 SUBMITTED
401075178	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)