

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:

403310117

Date Received:

02/02/2023

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

437201

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

OPERATOR INFORMATION

Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>	Phone Numbers
Address: <u>1058 COUNTY ROAD 215</u>		Phone: <u>(970) 263-2760</u>
City: <u>PARACHUTE</u>	State: <u>CO</u>	Mobile: <u>(970) 623-4875</u>
Zip: <u>81635</u>		Email: <u>mgardner@terraep.co</u>
Contact Person: <u>Michael Gardner</u>		<u>m</u>

☐ Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400606789

Initial Report Date: 05/12/2014 Date of Discovery: 05/10/2014 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SESW SEC 21 TWP 6S RNG 94W MERIDIAN 6Latitude: 39.505741 Longitude: -107.897845Municipality (if within municipal boundaries): _____ County: GARFIELD

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

Reference Location:

Facility Type: _____ ☒ Facility/Location ID No 159447Spill/Release Point Name: _____ ☐ Well API No. (Only if the reference facility is well) 05- -☐ No Existing Facility or Location ID No.

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): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Has the subject Spill/Release been controlled at the time of reporting? _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: showers, moist soil conditionsSurface Owner: FEE Other(Specify): _____

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

One of the plunger valves on the triplex pump failed which allowed produced water to leak out of the pump and onto the pad. No fluids left the bermed pad.

List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):

Data not required

REPORT CRITERIA

Rule 912.b.(1) Report to the Director (select all criteria that apply):

Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.

Waters of the State: _____ Public Water System: _____

Residence or Occupied Structure: _____ Livestock: _____

Wildlife: _____ Publicly-Maintained Road: _____

Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.

Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.

Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak

Enter the approximate time of discovery _____ (HH:MM)

Enter the Document Number of the Grade 1 Gas Leak Report, Form 44 _____

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? _____

Enter the Document Number of the Initial Accident Report, Form 22 _____

Was there damage during excavation? _____

Was CO 811 notified prior to excavation? _____

Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.

Estimated Volume of Impacted Solids (cu. yd.): _____

Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:

- ☐ The presence of free product or hydrocarbon sheen Surface Water
- ☐ The presence of free product or hydrocarbon sheen on Groundwater
- ☐ The presence of contaminated soil in contact with Groundwater
- ☐ The presence of contaminated soil in contact with Surface water

Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylights from the subsurface.

Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property.

☐ Areas offsite of Oil & Gas Location ☐ Off-Location Flowline right of way

Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.

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, check all that apply)

☒ Horizontal and Vertical extents of impacts have been delineated.

☒ Documentation of compliance with Table 915-1 is attached.

☒ All E&P Waste has been properly treated or disposed.

☐ Work proceeding under an approved Form 27 (Rule 912.c).

Form 27 Remediation Project No: _____

☐ SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

Please forward onto John Heil

This Supplemental Form 19 is being submitted to provide closure documentation for the Clough 2A Injection spill that occurred in 2014.

Historical document review indicates the release was remediation between April-June of 2014 and closure documentation was provided via Sundry Notice Form 4 on June 12, 2014 (Doc# 400625387) with supporting documents as attachments to the Form 4 available under Doc# 400625391, and was approved by the COGCC on the same day.

Documentation can be reviewed under the Doc #'s provided above, as well as found in the attachments section to this Supplemental Form 19.

Note: Supplemental Form 19 (Doc# 400611196) submitted in 2014 suggests the spill would be managed under a Form 27, however no findings of a Form 27 with an associated REM# was located during the historical records review. It is believed that the spill was remediated and closed via Form 4.

TEP is requesting closure of Spill ID 437201

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

Signed: _____ Print Name: Kris Rowe

Title: TEP Environmental Date: 02/02/2023 Email: krowe@terraep.com

COA Type**Description**

	Based on a review of the information provided, it appears that no further action is necessary at this time and COGCC approves the closure request. Should conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards, or, if groundwater is found to be significantly impacted, further investigation and/or remediation activities may be required at the site.
1 COA	

Attachment List**Att Doc Num****Name**

403310117	SPILL/RELEASE REPORT(SUPPLEMENTAL)
403310142	OTHER
403310143	OTHER
403310146	ANALYTICAL RESULTS
403310148	ANALYTICAL RESULTS
403310150	ANALYTICAL RESULTS

403312643	FORM 19 SUBMITTED
-----------	-------------------

Total Attach: 7 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)