

FORM
22Rev
05/13State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:
05/09/2016Accident Tracking No.:
401043189

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: <u>10608</u>	Contact Name: <u>Eric Gopsill</u>
Name of Operator: <u>BNN WESTERN LLC</u>	Phone: <u>(303) 7633523</u>
Address: <u>370 VAN GORDON STREET</u>	Fax: <u>()</u>
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80228</u>	Email: <u>eric.gopsill@bnn-energy.com</u>

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: <u>05/06/2016</u>	Time of Accident: <u>10:58 PM</u>
API Number: <u>05-</u>	Facility ID: <u>159962</u> Type of Facility: <u>UIC DISPOSAL</u>
Well/Facility Name: <u>WILDHORSE 16-13L SWD</u>	Well/Facility Num: <u></u>
County: <u>WELD</u>	
Location: QTRQTR: <u>NWSW</u> Sec: <u>16</u> Twp: <u>9N</u> Rng: <u>59W</u> Meridian: <u>6</u>	
Lat: <u>40.748568</u> Long: <u>-103.990383</u>	
Field Name: <u>WILDCAT</u>	Field Number: <u>99999</u>

DESCRIPTION

Provide a detailed description of the accident, problems, and cause (equipment failure, human error, etc.): actions taken to provide well control in detail::

At 10:58 pm on May 6, 2016 (Friday) Briggsdale Fire Department received a call about the Wildhorse SWD smoking. At 12:13 am on May 7, 2016 BNN operator Adam Perez recieved a call from Whiting pumper Steve West about the possibility of a fire at the Wildhorse SWD. At 12:34 am Adam Perez arrived on location and confirmed that Wildhorse was on fire. Firefighters on location said that the fire was caused by lightning. The site has an incoming pipeline for delivering produced water and that line was sut down by closing valves. The pipeline was not damaged. The main power into the site was turned off and it appears that the building that houses the electrical gear and injection pumping equipment was unharmed. The injection well head was undamaged becasue it is located several hundred yard away.

The fire consumed the two seperation tanks and 12 fiberglass water tanks as well as associated items (staircase, pipe, valves, etc.) There are 12 other water tanks adjacent that were blackened by the fire but remained standing. The two steel oil tanks were also blackened but left standing. The fire was not full extinguished until the morning of May 7th (Saturday).

The fire was caused by a lightning strike. The facility was equiped with a lightning protection system but it did not protect the facility. Form 19 was submitted by BNN on Saturday May 7, 2016.

OTHER NOTIFICATIONS

List the parties and agencies notified (LDG, County, BLM EPA, DOT, Local Emergency Planning Coordinator or others)

Date	Agency	Contact	Response
05/07/2016	Weld County	Barb Kirkmeyer	
05/07/2016	COGCC	Margaret Ash	

OPERATOR COMMENTS and SUBMITTAL

Form will be updated as necessary. Remedaiton assesment and insurance invesrtigation beginning this morning.

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Eric Gopsill

Email: eric.gopsill@bnn-energy.com

Signature: _____

Title: Director

Date: 05/09/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

FORM
22

Rev
05/13

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:
03/29/2016

Accident Tracking No.:
401015412

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 96340 Contact Name: Linda Boone
Name of Operator: WIEPKING-FULLERTON ENERGY LLC Phone: (720) 941-0791
Address: 4600 S DOWNING ST Fax: ()
City: ENGLEWOOD State: CO Zip: 80113 Email: ldboonepar@aol.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 03/23/2016 Time of Accident: 7:00 AM
API Number: 05- Facility ID: 159422 Type of Facility: UIC DISPOSAL
Well/Facility Name: NAPALI 1 DISPOSAL WELL Well/Facility Num:
County: LINCOLN
Location: QTRQTR: SWSW Sec: 17 Twp: 10S Rng: 55W Meridian: 6
Lat: 39.173170 Long: -103.582260
Field Name: GREAT PLAINS Field Number: 32756

DESCRIPTION

Provide a detailed description of the accident, problems, and cause (equipment failure, human error, etc.): actions taken to provide well control in detail::

At approximately 7:00 AM on Wednesday, March 23, 2016, a lightning strike ignited three, 400 bbl fiberglass water tanks located at the Napali #1 SWD facility. Power was lost and the well was shut in. Operator personnel immediately notified the fire department and the COGCC local inspector was notified at about 8:08 AM. The fire department extinguished the fire. Lincoln County Sherriff personnel and county hazmat personnel were also on the site. The existing battery berm contained all fluids. The operator has ordered metal containment and a liner to be installed when the site is rebuilt.

The injection well and its associated equipment was not damaged.

OTHER NOTIFICATIONS

List the parties and agencies notified (LDG, County, BLM EPA, DOT, Local Emergency Planning Coordinator or others)

Date	Agency	Contact	Response
03/23/2016	COGCC	Susan Sherman	Went to the site upon notification by the operator.
03/16/2016	Lincoln County Sherriff	Ryan Irwin	Went to the site
03/23/2016	Forristall Ranch Inc.	Larry Don Meier	Landowner representative, Ranch Foreman. First noticed smoke on the ranch after the lightning strike and contacted operators representative.
03/23/2016	Hugo Volunteer Fire Department		Extinguished the fire

OPERATOR COMMENTS and SUBMITTAL

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Linda Boone

Email: ldboonepar@aol.com

Signature: _____

Title: Agent

Date: 03/29/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

401016903	OTHER
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Total Attach: 1 Files

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 services.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: OTHEROther(Specify): UIC FACILITYWeather Condition: RAINING & ELETRICAL STORMSurface Owner: FEEOther(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: _____

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: Paul Gottlob

Title: Regulatory & Engin. Tech. Date: 06/05/2015 Email: paul.gottlob@iptenergyservices.com

COA Type**Description**

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

2314740	SITE MAP
2314741	CORRESPONDENCE
400847401	FORM 19 SUBMITTED
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	SITE MAP
400849189	DISPOSAL MANIFEST
400849191	DISPOSAL MANIFEST
400849192	DISPOSAL MANIFEST
400849195	DISPOSAL MANIFEST

Total Attach: 20 Files

General Comments**User Group****Comment****Comment Date**

Environmental	A revised Site Map showing MW-14 has been attached. Email correspondence documenting manifest discrepancy is attached.	6/10/2015 3:12:53 PM
Environmental	One waste manifest (appears to have been duplicate entered on the Operator spreadsheet. The waste tracking for fluid hauled from secondary containment appears to have a duplicate entry. See ticket #6124 entered as loads #3 and #4.	6/10/2015 1:01:04 PM

Total: 2 comment(s)

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:

401680090

Date Received:

06/20/2018

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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>(303) 815-1010</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80209</u>
Contact Person: <u>Joseph Vargo</u>		Mobile: <u>(406) 868-9799</u>
		Email: <u>joseph.vargo@nglep.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401680090

Initial Report Date: 06/20/2018 Date of Discovery: 06/18/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 29 TWP 2N RNG 64W MERIDIAN 6Latitude: 40.102965 Longitude: -104.582798Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No _____Spill/Release Point Name: NGL C5 Facility ☐ No Existing Facility or Location ID No.Number: _____ ☒ Well API No. (Only if the reference facility is well) 05-123-40645

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

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): 0Specify: Estimated 3770 BBLS

Land Use:

Current Land Use: CROP LAND Other(Specify): _____Weather Condition: Wet, DampSurface Owner: FEE 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 10:37pm, NGL's C5 facility was struck by lightning on June 18, 2018. This caused a fire within the tank battery, damaging 14 tanks. The produced water that was in the tanks that were destroyed stayed entirely within the primary concrete containment. No oil tanks were damaged. No water ever escaped the containment or ever came into contact with the ground or soil. Fire department had extinguished the fire by 6:00am. NGL used vac trucks in the containment to then transport the water to other NGL facilities - C2, C3, C6.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/19/2018	Weld County	Ben Frissell	970-400-2220	
6/19/2018	COGCC	Rick Allison	303-894-2100	Call at 7:24 VM. COGCC on site at 8:00am

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☒ No ☐

If YES, enter the Document Number of the Initial Accident Report, Form 22: 401679942

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: Joseph Vargo

Title: Regulatory Manager Date: 06/20/2018 Email: joseph.vargo@nglep.com

COA Type **Description**

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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

		Stamp Upon Approval
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Total: 0 comment(s)