

**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:

400611980

Date Received:

05/21/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

437244

## 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>WPX ENERGY ROCKY MOUNTAIN LLC</u>	OGCC Operator No: <u>96850</u>	<b>Phone Numbers</b>
Address: <u>1001 17TH STREET - SUITE #1200</u>		Phone: <u>(970) 6832295</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 2859573</u>
Zip: <u>80202</u>		Email: <u>karolina.blaney@wpenergy.com</u>
Contact Person: <u>Karolina Blaney</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Report Date: <u>05/16/2014</u>	Date of Discovery: <u>05/16/2014</u>	Spill Type: <u>Recent Spill</u>
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**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SWSE SEC 17 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.518652 Longitude: -108.130650

Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

**Reference Location:**

Facility Type: TANK BATTERY ☐ Well API No. (if the reference facility is well) 05-045-

☒ Facility ID (if not a well) 335424

☐ No Existing Facility ID

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

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

Were Five (5) barrels or more spilled? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>&gt;=20 and &lt;50</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: \_\_\_\_\_

**Land Use:**

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

Weather Condition: warm, sunny

Surface 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 ☐

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

A contractor left a valve open on a produced water tank which resulted in a 15 bbl spill into the secondary containment. The entire volume was contained inside an impervious-plastic-lined SPCC containment which allowed for a 100% fluid recovery. This release did not impact the environment.

COGCC Comment Only:

This spill can be closed with a supplemental.

List Agencies and Other Parties Notified:

#### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/16/2014	COGCC	Stan Spencer	970-625-2497	Phone call
5/16/2014	County	Kirby Wynn	970-625-5905	Email
5/16/2014	Fire department	David Blair	970-285-9119	
5/16/2014	Land owner		-	Withheld to protect the privacy of the landowner

#### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 05/21/2014		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	25	25	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>YES</u> Was an Emergency Pit constructed? <u>NO</u>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>27</u>		Width of Impact (feet): <u>27</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
By field measurements and mapping with a Trimble GPS unit.			

Soil/Geology Description:

Title: Environmental Specialist      Date: 05/21/2014      Email: karolina.blaney@wpxenergy.com

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400611980	FORM 19 SUBMITTED
400612005	SITE MAP

Total Attach: 2 Files