

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:

400625070

Date Received:

06/11/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

437552

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>	Phone Numbers
Address: <u>1001 17TH STREET - SUITE #1200</u>		Phone: <u>(970) 6832295</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Karolina Blaney</u>		Mobile: <u>(970) 2859573</u>
		Email: <u>karolina.blaney@wpxenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Report Date: 06/07/2014 Date of Discovery: 06/05/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 32 TWP 6S RNG 95W MERIDIAN 6

Latitude: 39.479122 Longitude: -108.027946

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

Reference Location:

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

☒ Facility ID (if not a well) 335311

☐ 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? Yes

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): 0

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

Estimated Drilling Fluid Spill Volume(bbl): >=1 and <5

Specify: _____

Land Use:

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

Weather Condition: hot, dry, 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):

The spill occurred when the rotary head rubber on the wellhead failed. Pressure from the failure caused approximately 5 bbls of drilling mud to mist out of the well on and around the rig; roughly 1-2 bbls made it to pad surface, the remainder covered the derrick. All material stayed onsite.

COGCC Comment Only:

More information needed regarding any potential soil contamination. Please provide a Supplemental Report.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/6/2014	COGCC	Stan Spencer	970-6252497	voicemail
6/6/2014	County	Kirby Wynn	970-625-5905	Email
6/6/2014	Town/City	Steve Rippy	970-285-9050	Email
6/6/2014	Town/City	Roger Bulla	970-285-7000	Email
6/6/2014	County	Morgan Hill	970-625-5200	Email
6/6/2014	Town/City	Stuart McArthur	970-285-7630	Email
6/6/2014	Water Intake	Mark King	970-285-7630	Email
6/6/2014	Fire Department	David Blair	970-285-9119	Email

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	06/11/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	0	0	<input type="checkbox"/>	
DRILLING FLUID	5	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>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit				
Impacted Media (Check all that apply) <input checked="" 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):	74	Width of Impact (feet): 73
		Depth of Impact (feet BGS):	_____	Depth of Impact (inches BGS): _____
How was extent determined?				

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

Signed: _____ Print Name: Karolina Blaney

Title: Environmental specialist Date: 06/11/2014 Email: karolina.blaney@wpenergy.com

Attachment Check List

Att Doc Num **Name**

400625070	FORM 19 SUBMITTED
400625087	SITE MAP

Total Attach: 2 Files

General Comments

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

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Total: 0 comment(s)