

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:

400636986

Date Received:

07/02/2014

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

437735

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>SOUTHWESTERN ENERGY PRODUCTION COMPANY</u>	Operator No: <u>10396</u>	Phone Numbers
Address: <u>2350 N SAM HOUSTON PKWY EAST #125</u>		Phone: <u>(281) 618-7439</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77032</u>
Contact Person: <u>Cheryl Rowell</u>		Mobile: <u>()</u>
		Email: <u>cheryl_rowell@swn.co</u> <u>m</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400632626

Initial Report Date: 06/25/2014 Date of Discovery: 06/24/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 30 TWP 3S RNG 61W MERIDIAN 6Latitude: 39.761280 Longitude: -104.255090Municipality (if within municipal boundaries): _____ County: ADAMS

Reference Location:

Facility Type: WELL☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-001-09804

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

Land Use:

Current Land Use: CROP LANDOther(Specify): wheat fieldWeather Condition: clear, north wind 5 mphSurface 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 12 noon CST, Patterson 180 spilled 5-6 bbls OBM (first estimate checking volumes) as a result of a failure in the rig's kelly hose. This is a high pressure synthetic rubber hose that connects the rig mud pumps with the drill string. Some drilling fluid was sprayed off location in the adjacent wheat field. The pump was immediately shut off and hose replaced. Landowner, county and state have been notified.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/24/2014	COGCC	Bob Chesson	303-894-2100	(Left 2 messages on voice mail. Sent e-mail notification @ 1:44 pm CST. No response.)
6/24/2014	Adams County Environmental	Craig Tessmer	720-523-6841	Will notify additional parties by e-mail
6/24/2014	Adams County Transportation	Gordon Stevens	720-523-6965	Confirm well and location. Will call visit location 6/25/14 and call back if any further information is required.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/01/2014		
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	9	8	<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? NO Was an Emergency Pit constructed? NO

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

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) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 175 Width of Impact (feet): 50

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

Visual check with landowner to find residue.

Soil/Geology Description:

Farmland, currently growing wheat.

Depth to Groundwater (feet BGS) 40 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	_____	None <input checked="" type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

8.25 bbls of drilling fluid recovered from drilling location. .75 drilling fluid residue sprayed on wheat field.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/24/2014

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Kelly hose ruptured on drilling rig.

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

Kelly hose replaced.

Volume of Soil Excavated (cubic yards): 0

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: _____

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

Signed: _____ Print Name: Cheryl Rowell

Title: Sr. Saff Reg Analyst Date: 07/02/2014 Email: cheryl_rowell@swm.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400636986	FORM 19 SUBMITTED
400637607	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)