

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:

400644979

Date Received:

07/15/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

438131

SPILL/RELEASE REPORT (INITIAL)

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: WPX ENERGY ROCKY MOUNTAIN LLC | Operator No: 96850 | Phone Numbers |
| Address: 1001 17TH STREET - SUITE #1200 | | Phone: (970) 6832295 |
| City: DENVER State: CO Zip: 80202 | | Mobile: (970) 5890743 |
| Contact Person: Karolina Blaney | | Email: karolina.blaney@wpxenergy.com |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400644979

Initial Report Date: 07/15/2014 Date of Discovery: 07/15/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 4 TWP 7S RNG 94W MERIDIAN 6

Latitude: 39.473316 Longitude: -107.899926

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 334958
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-045-

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? No

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): >=1 and <5

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

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
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):

A small hole developed near the bottom of the produced water tank due to corrosion. Produced water leaked out of the tank and into the dirt SPCC containment. The total volume of this release will be determined when the investigation and excavation activities are completed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 7/15/2014 | COGCC | Stan Spencer | 970-625-2497 | Initial Form 19 |
| 7/15/2014 | County | Kirby Wynn | 970-625-5905 | Email |
| 7/15/2014 | Fire Department | Chad Harris | 970-625-1243 | Email |
| 7/15/2014 | Fire Department | Orin Moon | 970-625-1242 | Email |

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: 07/15/2014 Email: karolina.blaney@wpenergy.com

COA Type

Description

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment Check List

Att Doc Num

Name

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------|
| 400644979 | FORM 19 SUBMITTED |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)