

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400660233

Date Received:

08/09/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

438422

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>	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>	Mobile: <u>(970) 5890743</u>
Zip: <u>80202</u>		Email: <u>karolina.blaney@wpxenergy.com</u>
Contact Person: <u>Karolina Blaney</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400655574

Initial Report Date: 08/02/2014 Date of Discovery: 08/02/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 35 TWP 6S RNG 94W MERIDIAN 6Latitude: 39.475862 Longitude: -107.863391Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 334873☐ 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? No

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): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: warm, dry, sunnySurface 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 buried produced water pipeline failed resulting in a produced water spill. The discovery of the spill occurred when approximately 2/3 of a barrel of produced water migrated to the surface. None of the fluids have left the pad. The impacted area will be excavated and confirmation samples, for the spill remediation, will be collected at that time.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/2/2014	COGCC	Stan Spencer	970-625-2497	Initial Form 19
8/2/2014	County	Kirby Wynn	970-625-5905	Email
8/2/2014	Fire Department	Chad Harris	970-625-1243	Email
8/2/2014	Fire Department	Orin Moon	970-625-1242	Email
8/2/2014	Surface Owner		-	Phone call

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/09/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	0	<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>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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): <u>14</u>		Width of Impact (feet): <u>10</u>	
Depth of Impact (feet BGS): <u>6</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
By field measurements and mapping with a Trimble GPS unit.			
Soil/Geology Description:			
Olnay loam - sandy to gravelly clay loam grading to a very gravelly sandy loam below 5 feet.			
Depth to Groundwater (feet BGS) <u>100</u>		Number Water Wells within 1/2 mile radius: <u>3</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>1037</u> None <input type="checkbox"/>	Surface Water <u>2477</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>1345</u> None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A hole developed in a buried produced water transfer pipeline due to corrosion of the metal. This allowed produced water to migrate out into the surrounding sub surface soils. The release was discovered by water management personnel when the fluids day lighted at the surface during a water transfer. The release was located near the riser valve on the pad. When the release was discovered, water management personnel halted the flow of water into the line. The line was then drained to prevent any further fluid loss to the subsurface soils and was repaired. The release was contained to a small area on the pad in the immediate vicinity of the release. None of the fluids lost were recovered as they infiltrated into the surrounding soil. No fluids migrated off-site. Further remediation activities proposed (attach separate sheet if needed): The impacted soils in the immediate vicinity of the release were excavated. A confirmation sample was collected from the bottom of the excavation and submitted to an accredited laboratory for analysis. The sample tested below the cleanup levels listed in COGCC Table 910-1.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	08/09/2014		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)				
A hole developed in a buried produced water transfer pipeline due to corrosion of the metal. This allowed produced water to migrate out into the surrounding sub surface soils. The release was discovered by water management personnel when the fluids day lighted at the surface during a water transfer. The release was located near the riser valve on the pad.				
Describe measures taken to prevent the problem(s) from reoccurring:				
WPX will replace the coated steel line, currently in use, with a flex steel line which is resistant to corrosion.				
Volume of Soil Excavated (cubic yards):		5		
Disposition of Excavated Soil (attach documentation)		<input type="checkbox"/> Offsite Disposal	<input checked="" type="checkbox"/> Onsite Treatment	
		<input type="checkbox"/> 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: _____

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: 08/09/2014 Email: karolina.blaney@wpxenergy.com

Attachment Check List

Att Doc Num	Name
400660236	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)