

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:

400700769

Date Received:

10/03/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439122

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# 400696706

Initial Report Date: 09/26/2014 Date of Discovery: 09/26/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 1 TWP 7S RNG 96W MERIDIAN 6Latitude: 39.473321 Longitude: -108.065146Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: CENTRALIZED EP WASTE MGMT FAC ☒ Facility/Location ID No 149015☐ 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? 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): >=100Estimated 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 drySurface 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 fitting on a 4" water transfer line failed resulting in a 700 bbls spill of treated produced water. The produced water flowed down an embankment and accumulated around the land farm area. 550 bbls of fluid was recovered with vacuum trucks. The entire spill was contained on location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/26/2014	County	Kirby Wynn	970-625-5905	Email
9/26/2014	Fire Department	David Blair	970-285-9119	Email
9/26/2014	COGCC	Stan Spencer	970-625-2497	Initial Form 19

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/03/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	700	550	<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? 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): 370 Width of Impact (feet): 245

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:

Ildefonso-Lazear complex - Moderately alkaline stony to very stony cobbly loam

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	<u>3257</u>	None <input type="checkbox"/>	Surface Water	<u>1330</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>1372</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A fitting on a 4 inch water transfer line located on the south pond road failed. This allowed treated produced water to flow across the road and down the embankment where it accumulated in the landfarm area. In addition, the operator in charge on monitoring the equipment in this area did not complete his hourly checks which could have resulted in a lesser volume of water to be released. When the release was discovered, the operator immediately shut down the water transfer operation and isolated the line with the compromised fitting. The entire release was contained within the confines of the facility. Vac trucks were dispatched to the location to and were able to recover approximately 550 barrels of fluids as noted above No fluids migrated off-site. The impacted area is being allowed to dry. When the area is dry, confirmation samples will be collected and analyzed for the full Table 910-1 analytical suite. Further remedial actions, if warranted, will be based on these results. Sampling is scheduled for the week of October 6, 2014.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 10/03/2014
Cause of Spill (Check all that apply) <input checked="" 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 fitting on a 4 inch water transfer line located on the south pond road failed. This allowed treated produced water to flow across the road and down the embankment where it accumulated in the landfarm area. In addition, the operator in charge on monitoring the equipment in this area did not complete his hourly checks which could have resulted in a lesser volume of water to be released.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The water transfer line has been refitted with a new hammer union fitting which is less prone to failure. The operator responsible for monitoring the equipment in the area as well as contracting management personnel were re-trained on company SOP's regarding water transfers and the inspection of all equipment prior to and during water transfer operations.	
Volume of Soil Excavated (cubic yards): _____	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input 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: 10/03/2014 Email: karolina.blaney@wpenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400700769	FORM 19 SUBMITTED
400700775	AERIAL PHOTOGRAPH
400700779	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	A supplemental F-19 or F-27 is required which provides laboratory data confirming that the spill has been cleaned up to Table 910-1 standards or providing an assessment and remediation plan to do do so.	10/3/2014 11:49:07 AM

Total: 1 comment(s)