

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:

400749293

Date Received:

12/10/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439504

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: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850	<b>Phone Numbers</b>
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# 400719184

Initial Report Date: 10/28/2014 Date of Discovery: 10/28/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 26 TWP 6S RNG 94W MERIDIAN 6

Latitude: 39.491832 Longitude: -107.858383

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: WELL PAD  Facility/Location ID No 323868  
 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): >=5 and <100 Estimated Produced Water Spill Volume(bbl): 0

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: warm and dry

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):

Completion contractor was blowing down and cleaning frac lines into a tank which was already full. This resulted in a 15 bbls frac water spill. 12bbls of fluid was recovered with a vacuum truck. The entire spill was contained on location. None of the fluids left the location.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/28/2014	COGCC	Stan Spencer	970-625-2497	Initial Form 19
10/28/2014	County	Kirby Wynn	970-625-5905	Email
10/28/2014	Fire Department	Chad Harris	970-625-1243	Email
10/28/2014	Fire Department	Orin Moon	970-625-1243	Email
10/28/2014	Surface owner		-	Email

**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: 12/10/2014 Email: karolina.blaney@wpenergy.com

<u>COA Type</u>	<u>Description</u>

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400749293	FORM 19 SUBMITTED
400749298	ANALYTICAL RESULTS

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Area of pad with elevated EC and SAR msut be remediated to Table 910-1 standards during interim and final reclamation or buried at least 3 feet bgs beneath clean fill/topsoil.	12/11/2014 8:12:45 AM

Total: 1 comment(s)