

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:

400760033

Date Received:

12/29/2014

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

440655

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: PIONEER NATURAL RESOURCES USA INC	Operator No: 10084	Phone Numbers Phone: (303) 2988100 Mobile: (303) 2941275 Email: david.castro@pxd.com
Address: 1401 17TH ST STE 1200		
City: DENVER	State: CO Zip: 80202	
Contact Person: David Castro		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400759633

Initial Report Date: 12/26/2014 Date of Discovery: 12/23/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR neww SEC 13 TWP 34s RNG 67w MERIDIAN 6

Latitude: 37.089180 Longitude: -104.842750

Municipality (if within municipal boundaries): County: LAS ANIMAS

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) 05-071-07646

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): 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: 1 bbl produced water

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: sunny

Surface Owner: FEE Other(Specify): Bobby Hill

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):

2" ball valve froze and broke, allowing approximately 1 bbl of produced water to spill out onto the location. No water left location. The valve was repaired.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/24/2014	LACOG	Bob Lucero	-	email
12/24/2014	Landowner	Mike Powell - foreman	-	voice message

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/29/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	1	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: 1 bbl produced water			
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) <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): 5		Width of Impact (feet): 10	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS):	
How was extent determined?			
visual			
Soil/Geology Description:			
on 2A			
Depth to Groundwater (feet BGS) 400		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"/>
		Wetlands	None <input checked="" type="checkbox"/>
		Livestock	None <input checked="" type="checkbox"/>
		Surface Water	1240 None <input type="checkbox"/>
		Springs	None <input checked="" type="checkbox"/>
		Occupied Building	None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 12/29/2014
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown	
<input checked="" type="checkbox"/> Other (specify) weather	
Describe Incident & Root Cause (include specific equipment and point of failure)	
2" ball valve froze and broke, allowing approximately 1 bbl of produced water to spill out onto the location. No water left location.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The valve was repaired.	
Volume of Soil Excavated (cubic yards): 0	
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): 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: David Castro

Title: Environmental Specialist Date: 12/29/2014 Email: david.castro@pxd.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
400760033	FORM 19 SUBMITTED
400760058	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)