

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:

400802957

Date Received:

03/05/2015

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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: XTO ENERGY INC	Operator No: 100264	Phone Numbers
Address: 382 CR 3100		Phone: (719) 845-2111
City: AZTEC State: NM Zip: 87410		Mobile: (719) 859-2264
Contact Person: Irwin Trujillo		Email: irwin_trujillo@xtoenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400802957

Initial Report Date: 03/04/2015 Date of Discovery: 03/03/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 28 TWP 33S RNG 67W MERIDIAN 6

Latitude: 37.138896 Longitude: -104.892731

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) 05-071-08749

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): 0 Estimated Produced Water Spill Volume(bbl): >=100

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

Specify: Dischargeable Produced Water

Land Use:

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

Weather Condition: Clear / Sunny / Snow Melt

Surface Owner: STATE Other(Specify): Colorado Parks and Wildlife

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 one inch valve was inadvertently left open after well start up. Upon finding the open valve the well was immediately shut down. The valve was closed and a bull plug was installed. The well was then started, verified for leaks and put back into production. The dischargeable water was not contained and nothing was recovered.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/2/2015	Colorado Parks and Wildlife	Bill Velarde	719-680-1036	Verbal @ 4:41 p.m. , e-mail @ 5:14 p.m.
2/26/2015	Las Animas County	Robert Lucero	719-680-5100	Verbal @ 4:46 p.m. , e-mail @ 5:14 p.m.
3/3/2015	COGCC	Peter Gintautas	719-846-3091	Verbal @ 4:49 p.m. , e-mail @ 5:14 p.m.

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 03/05/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>522</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): _____ Width of Impact (feet): _____

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

Extent determined by GPS.

Soil/Geology Description:

Non-Crop Land (Rangeland) Louviers / Rombo

Depth to Groundwater (feet BGS) 183 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>2990</u>	None <input type="checkbox"/>	Surface Water	<u>902</u>	None <input type="checkbox"/>
Wetlands	<u>200</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Water approved for surface water discharge.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/05/2015

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

A one inch valve was inadvertently left open after well start up.

Describe measures taken to prevent the problem(s) from reoccurring:

Operations will stress the importance of company policy for well startup after inclement weather.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 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: Irwin Trujillo

Title: EH&S Supervisor Date: 03/05/2015 Email: irwin_trujillo@xtoenergy.com

Attachment Check List

Att Doc Num	Name
400804420	TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)