

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400840181

Date Received:

05/15/2015

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

441760

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>BURLINGTON RESOURCES OIL & GAS LP</u>	Operator No: <u>26580</u>	Phone Numbers
Address: <u>PO BOX 4289</u>		Phone: <u>(505) 215-4361</u>
City: <u>FARMINGTON</u> State: <u>NM</u> Zip: <u>87499</u>		Mobile: <u>(505) 215-4361</u>
Contact Person: <u>Crystal Tafoya</u>		Email: <u>Crystal.Tafoya@conocophillips.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400836759

Initial Report Date: 05/07/2015 Date of Discovery: 05/04/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 17 TWP 33n RNG 9w MERIDIAN N

Latitude: 37.105892 Longitude: -107.849997

Municipality (if within municipal boundaries): _____ County: LA PLATA

Reference Location:

Facility Type: PIPELINE Facility/Location ID No _____
 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): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Specify: 29 BBLs PRODUCED WATER

Land Use:

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

Weather Condition: RAIN

Surface Owner: OTHER (SPECIFY) Other(Specify): PRIVATE

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):

pipeline corroded allowing 29 bbls of produced water to come to surface and travel approximately 107' down the ROW near a road. Distances - 246' from surface water, no wetlands in area; uildings 683'; livestock 839'. water wells - unknown. depth of shallowest ground water unknown. Response - The pipeline was shuu-in and the area contained. Determined extent of contamination - Visual inspection as well as soil sampling; Further remediation - Will determine after sampling results are available; Describe measures taken to prevent reoccurrence - Pipeline protection.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/4/2015	Landowner	Kooper Saiz	505-320-1275	no worries
5/5/2015	COGCC	Jim Hughes	970-884-0491	Sample and determine path

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/11/2015

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)

see document # 400836759

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

Release was sampled on Monday 5/11/15 and the pipeline area excavatted with the pipeline repaired and backfilled. The surface was re-seeded and the pipeline is back on. I will have field results and map of the area to you as soon as possible.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) na

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: Patsy Clugston
Title: Staff Regulatory Technici Date: 05/15/2015 Email: Patsy.L.Clugston@conocophillips.com

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

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Total: 0 comment(s)