

**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:

400842748

Date Received:

05/21/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

441849

## SPILL/RELEASE REPORT (INITIAL)

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>	<b>Phone Numbers</b>
Address: <u>1001 17TH STREET - SUITE #1200</u>		Phone: <u>(970) 683-2295</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 589-0743</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# 400842748

Initial Report Date: 05/21/2015      Date of Discovery: 05/21/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 1 TWP 6S RNG 96W MERIDIAN 6Latitude: 39.549022 Longitude: -108.057080Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 335920☐ 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? No

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

Specify: Volume of produced water released is known to be &gt;2 bbls

#### Land Use:

Current Land Use: NON-CROP LANDOther(Specify): RangelandWeather Condition: Overcast 50 degreesSurface 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):

Approximately 2-3 bbls of produced water was pooled underneath the pit liner when the otherwise dried and cleaned liner was removed from the pit as part of pit closure activities. Soil from the pit bottom and walls was field screened and samples from the pit bottom and one wall screened over 910-1 standards. The produced water and all soil that exceeds 910-1 standards is being removed for disposal or remediation.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/21/2015	Surface Owner	Withheld for privacy	-	Email
5/21/2015	COGCC	Stan Spencer	970-625-2497	Initial Form 19
5/21/2015	County	Kirby Wynn	970-625-5905	Email
5/21/2015	Fire Department	David Blair	970-285-9119	Email

**OPERATOR COMMENTS:**

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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: 05/21/2015 Email: karolina.blaney@wpenergy.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400842748	FORM 19 SUBMITTED
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Environmental	Provide sampling data and site location map showing with sample locations. If data confirms remediation to Table 910-1 standards, submit via Supplemental F-19. If not, provide an F-27 assessment and remediation plan to attain cleanup standards.	5/21/2015 1:42:02 PM
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Total: 1 comment(s)