

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:

400845496

Date Received:

05/28/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

441849

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>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>	Phone Numbers
Address: <u>1001 17TH STREET - SUITE #1200</u>		Phone: <u>(970) 683-2295</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Karolina Blaney</u>		Mobile: <u>(970) 589-0743</u>
		Email: <u>karolina.blaney@wpxenergy.com</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 >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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 05/28/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	19	19	<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: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
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): <u>67</u>		Width of Impact (feet): <u>55</u>	
Depth of Impact (feet BGS): <u>2</u>		Depth of Impact (inches BGS): <u>24</u>	
How was extent determined?			
Field screening was conducted while contaminated soil was being excavated. Once field screening indicated hydrocarbon levels were likely below 910-1 standards at the bottom of the area being excavated, confirmation samples were collected and sent for laboratory analysis. Lab results have not been obtained at the time of this supplemental Form 19, but will be included with the closure Form 19.			
Soil/Geology Description:			
Bedrock. Uinta Formation.			
Depth to Groundwater (feet BGS) <u>100</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u> </u> None <input checked="" type="checkbox"/>	Surface Water <u>804</u> None <input type="checkbox"/>
		Wetlands <u>1240</u> None <input type="checkbox"/>	Springs <u>1390</u> None <input type="checkbox"/>
		Livestock <u> </u> None <input checked="" type="checkbox"/>	Occupied Building <u> </u> None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			

The volume of this produced water release was estimated based on the volume of soil excavated from below the pit liner and the proportion of the excavated soil that was contaminated.

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: 05/28/2015 Email: karolina.blaney@wpenergy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)