

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

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 6

Latitude: 39.549022 Longitude: -108.057080

Municipality (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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated 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 LAND Other(Specify): Rangeland

Weather Condition: Overcast 50 degrees

Surface 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	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>19</u>	<u>19</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): 67 Width of Impact (feet): 55

Depth of Impact (feet BGS): 2 Depth of Impact (inches BGS): _____

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) 100 Number Water Wells within 1/2 mile radius: 0

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: _____

OPERATOR COMMENTS:

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

<u>COA Type</u>	<u>Description</u>
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<u>COA Type</u>	<u>Description</u>
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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<u>Att Doc Num</u>	<u>Name</u>
400845496	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	Provide soil data in compliance with Table 910-1 with request for closure.	5/29/2015 1:17:40 PM

Total: 1 comment(s)