

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400848597

Date Received:

06/04/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

441886

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) 6832295</u> |
| City: <u>DENVER</u> | State: <u>CO</u> | Mobile: <u>(970) 5890743</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# 400845983

Initial Report Date: 05/29/2015 Date of Discovery: 05/28/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 11 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.542366 Longitude: -108.071095

Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 335874

☐ 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): Unknown

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Cloudy, 70 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):

During pit closure activities it was determined that some impacts were present on the bottom and southwest corner of the pit. Minor staining was present, but did not exceed beyond 1ft of excavation. It was estimated that produced water released volumes exceed 5 bbls. Soil from the pit bottom and walls were sampled and submitted for rush analysis.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|-----------------|----------------------|--------------|-----------------|
| 5/29/2015 | Surface Owner | Withheld for privacy | - | Email |
| 5/29/2015 | COGCC | Stan Spencer | 970-625-2497 | Initial Form 19 |
| 5/29/2015 | County | Kirby Wynn | 970-625-5905 | Email |
| 5/29/2015 | Fire Department | David Blair | 970-285-9119 | Email |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|---|--------------------------------------|---|--|
| #1 | Supplemental Report Date: 06/04/2015 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | 0 | 0 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 25 | 0 | <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> | | | |
| <i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i> | | | |
| 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>70</u> | | Width of Impact (feet): <u>48</u> | |
| Depth of Impact (feet BGS): _____ | | Depth of Impact (inches BGS): _____ | |
| How was extent determined? | | | |
| GPS and soil samples collected from the pit bottom and pit walls. | | | |
| Soil/Geology Description: | | | |
| 53-Parachute Roan Loams - Loam to extremely channery loam if present or unweathered bedrock (Uinta Fm) | | | |
| 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 _____ None <input checked="" type="checkbox"/> | Surface Water <u>730</u> None <input type="checkbox"/> |
| | | Wetlands <u>1945</u> None <input type="checkbox"/> | Springs <u>3002</u> None <input type="checkbox"/> |
| | | Livestock _____ None <input checked="" type="checkbox"/> | Occupied Building _____ None <input checked="" type="checkbox"/> |
| Additional Spill Details Not Provided Above: | | | |

The lined production pit did not retain all of the fluids that were placed into it. Therefore, some of the fluids have migrated into the underlying soil. The pit has been drained prior to closure. Sampling has been performed to assess the impacts from the release; all samples tested below COGCC cleanup requirements. Excavated material will be treated on location.

CORRECTIVE ACTIONS

| | | | | |
|---|---------------------------|--|---|--|
| #1 | Supplemental Report Date: | 06/04/2015 | | |
| Cause of Spill (Check all that apply) | | <input type="checkbox"/> Human Error | <input checked="" type="checkbox"/> Equipment Failure | <input checked="" type="checkbox"/> Historical-Unknown |
| | | <input type="checkbox"/> Other (specify) _____ | | |
| Describe Incident & Root Cause (include specific equipment and point of failure) | | | | |
| The lined production pit did not retain all of the fluids that were placed into it. Therefore, some of the fluids have migrated into the underlying soil. | | | | |
| Describe measures taken to prevent the problem(s) from reoccurring: | | | | |
| Leakage will not occur again as the pit is being permanently closed. All new pits are lined in accordance with the current COGCC requirements. | | | | |
| Volume of Soil Excavated (cubic yards): _____ | | | | |
| Disposition of Excavated Soil (attach documentation) | | <input type="checkbox"/> Offsite Disposal | <input type="checkbox"/> Onsite Treatment | |
| | | <input type="checkbox"/> Other (specify) _____ | | |
| Volume of Impacted Ground Water Removed (bbls): _____ | | | | |
| Volume of Impacted Surface Water Removed (bbls): _____ | | | | |

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: 06/04/2015 Email: karolina.blaney@wpenergy.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400848603 | AERIAL PHOTOGRAPH |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)