

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:

400864719

Date Received:

07/08/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

442352

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) 6832295
City: DENVER State: CO Zip: 80202		Mobile: (970) 5890743
Contact Person: Karolina Blaney		Email: karolina.blaney@wpxenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400861389

Initial Report Date: 06/30/2015 Date of Discovery: 06/30/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 28 TWP 5s RNG 97w MERIDIAN 6

Latitude: 39.579690 Longitude: -108.284966

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 335925
 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:

Land Use:

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

Weather Condition: cloudy, hot

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):

Water management personnel were transferring produced water into the frac tanks located at the TR 24-28-597 pad. The water management personnel took a short, 5-10 min, break and failed to monitor the produced water transfer operations. The frac tank overflowed and allowed ~10 bbls of produced water to flow out onto the well pad. The location has a perimeter berm and the entire spill was contained on location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/30/2015	COGCC	Stan Spencer	970-625-2497	Initial Form 19
6/30/2015	County	Kirby Wynn	970-625-5905	Email
6/30/2015	Fire Department	Nick Marx	970-283-8632	Email

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 07/08/2015

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>10</u>	<u>2</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): 192 Width of Impact (feet): 62

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 4

How was extent determined?

By field measurements and mapping with a Trimble GPS unit.

Soil/Geology Description:

Parachute-Irigul complex - Channery to stratified extremely channery loam, if presnt, or unweathered bedrock (Uinta Fm.)

Depth to Groundwater (feet BGS) 25 Number Water Wells within 1/2 mile radius: 10

If less than 1 mile, distance in feet to nearest

Water Well	<u> </u>	None <input checked="" type="checkbox"/>	Surface Water	<u>3020</u>	None <input type="checkbox"/>
Wetlands	<u> </u>	None <input checked="" type="checkbox"/>	Springs	<u>2220</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:

Water management personnel were filling frac tanks on location for an up coming frac job. They were utilizing a pump to transfer water from the pit on location to the tanks. During the transfer one of the hands on-site heard the pump start to loose it's prime. He went to check the pump while the other hand hooked up a hose to start filling the remaining three tanks. What they failed to communicate to one another was the valve to the full tank was still open and not directed to the empty tanks. Thinking flow was directed to the empty tanks, the hand monitoring the tanks climbed down off the tanks and went to the pump. When the pump was operating normally he went back to the tanks and observed the full tank overflowing. When the release was discovered, the water management personnel immediately halted the water transfer operation and closed the valve to the full tank. The entire release was contained to a small area on the pad surface. They were able to recover approximately 2 barrels of fluid as noted above. No surface water or groundwater was impacted by the release. The vast majority of the spill is underneath the frac tanks. Due to the upcoming frac job and safety issues the impacted area will be sampled when the frac job is complete and all equipment has been removed from the location. The sample will be analyzed for the full COGCC Table 910-1 analytical suite. Further remedial actions, if warranted, will be based on these results.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	07/08/2015
Cause of Spill (Check all that apply)		
<input checked="" type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
Water management personnel were filling frac tanks on location for an up coming frac job. They were utilizing a pump to transfer water from the pit on location to the tanks. During the transfer one of the hands on-site heard the pump start to loose it's prime. He went to check the pump while the other hand hooked up a hose to start filling the remaining three tanks. What they failed to communicate to one another was the valve to the full tank was still open and not directed to the empty tanks. Thinking flow was directed to the empty tanks, the hand monitoring the tanks climbed down off the tanks and went to the pump. When the pump was operating normally he went back to the tanks and observed the full tank overflowing.		
Describe measures taken to prevent the problem(s) from reoccurring:		
The water management employees responsible for the release will be required to be re-trained on company SOP's involving water transfer operations.		
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: 07/08/2015 Email: karolina.blaney@wpenergy.com

Attachment Check List

Att Doc Num	Name
400864809	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)