

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:

400869853

Date Received:

07/16/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

442390

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# 400864856

Initial Report Date: 07/08/2015 Date of Discovery: 07/08/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 14 TWP 6S RNG 95W MERIDIAN 6Latitude: 39.529405 Longitude: -107.961028Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: PIT ☒ Facility/Location ID No 279358
☐ 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): 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: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: warm, rain,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, hydrocarbon impacted soil was discovered on the bottom and walls of the pit. It was estimated that the volume of released produced water exceed 1 bbl. Impacted soil will be excavated and landfarmed on location. The total volume of this release will be estimated when the excavation activities are completed. Remediation #9166.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/8/2015	Surface Owner	Withheld for privacy	-	Email
7/8/2015	COGCC	Stan Spencer	970-625-2497	Initial Form 19
7/8/2015	County	Kirby Wynn	970-625-5905	Email
7/8/2015	Fire Department	David Blair	970-285-9119	Email

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/16/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	35	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>25</u>	
Depth of Impact (feet BGS): <u>3</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
GPS and field screening.			
Soil/Geology Description:			
62- Fiock outcrop-Torriorthents complex			
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>1830</u> None <input type="checkbox"/>
		Wetlands <u>1830</u> None <input type="checkbox"/>	Springs <u>3303</u> None <input type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			

Once the impacted area is excavated, confirmation samples will be collected and analyzed for constituents listed in Table 910-1. The excavated material will be treated on location. Form 27 with the laboratory results will be submitted for COGCC's approval prior to the reclamation activities.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 07/16/2015
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input checked="" 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) <div>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</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>Leakage will not occur again as the pit is being permanently closed.</div>	
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: _____

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: 07/16/2015 Email: karolina.blaney@wpenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
400869853	FORM 19 SUBMITTED
400869860	AERIAL PHOTOGRAPH

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)