

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400870803

Date Received:

07/19/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

442482

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> Zip: <u>80202</u>		Mobile: <u>(970) 5890743</u>
Contact Person: <u>Karolina Blaney</u>		Email: <u>karolina.blaney@wpxenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400867406

Initial Report Date: 07/13/2015 Date of Discovery: 07/13/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 1 TWP 7s RNG 96w MERIDIAN 6

Latitude: 39.471306 Longitude: -108.065741

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

Reference Location:

Facility Type: CENTRALIZED EP WASTE MGMT FAC Facility/Location ID No 149015

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): >=1 and <5

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

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: hot, sunny

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):

The cause of this spill is equipment failure. Drain plug on a pump corroded and came out allowing produced water to spill inside the pump house. Water came out through the door and impacted adjacent soil. The spill was contained on location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/13/2015	COGCC	Stan Spencer	970-625-2497	Initial Form 19
7/13/2015	County	Kirby Wynn	970-625-5905	Email
7/13/2015	Fire Department	David Blair	970-285-9119	Email

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 07/19/2015

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>5</u>	<u>4</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): 35 Width of Impact (feet): 27

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

How was extent determined?

By field measurements and mapping with a Trimble GPS unit.

Soil/Geology Description:

Ildefonso-Lazear complex - Moderately alkaline stony to very stony cobbly loam

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>2644</u>	None <input type="checkbox"/>	Surface Water	<u>1832</u>	None <input type="checkbox"/>
Wetlands	<u>1832</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>3192</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A confirmation sample will be collected from the impacted area; Sampling is scheduled for the week of July 27, 2015. Further remedial actions, if warranted, will be based on these results. WPX would like to ask for COGCC's permission to analyze the confirmation sample for an abbreviated list of Table 910-1 analytes. The sample would be analyzed for organic compounds and inorganics only. The samples would not be analyzed for metals.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/19/2015

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Drain plug on a pump corroded and came out allowing produced water to spill inside the pump house.

Describe measures taken to prevent the problem(s) from reoccurring:

The corroded drain plug was replaced with a new one.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 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: 07/19/2015 Email: karolina.blaney@wpenergy.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400870803	FORM 19 SUBMITTED
400870804	AERIAL PHOTOGRAPH

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)