

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:

400873824

Date Received:

07/24/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

442618

SPILL/RELEASE REPORT (INITIAL)

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@wpenergy.com</u>
Contact Person: <u>Karolina Blaney</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400873824

Initial Report Date: <u>07/24/2015</u>	Date of Discovery: <u>07/23/2015</u>	Spill Type: <u>Recent Spill</u>
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Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 31 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.482051 Longitude: -108.141616

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

Reference Location:

Facility Type: PIPELINE ☐ Facility/Location ID No. _____

☒ 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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>=1 and <5</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

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

Weather Condition: warm 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 release was caused by a failure of a buried produced water transfer pipeline. Discovery of the release occurred when produced water from the pipeline migrated to the surface and down the hill side. This release did not impact any drainages or life water. The compromised line and impacted area will be excavated. The excavated material will be landfarmed at the GV 2-31 well pad (COGCC location #335222). The excavated area will be sampled for hydrocarbons. WPX would like to ask for COGCC's permission to analyze the confirmation samples for an abbreviated list of Table 910-1 analytes. The samples would be analyzed for TPH, BTEX, PAHs, and inorganics. The samples would not be analyzed for metals.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/24/2015	land owner		-	
7/24/2015	COGCC	Stan Spencer	970-625-2497	Initial Form 19
7/24/2015	County	Kirby Wynn	970-625-5905	Email
7/24/2015	Fire Department	David Blair	970-285-9119	Email

OPERATOR COMMENTS:

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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: 07/24/2015 Email: karolina.blaney@wpxenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400873824	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Agency	Abbreviated analytical suite is approved. Assess, remediate, and document to Table 910-1 compliance in accordance with all applicable COGCC Rules.	7/24/2015 12:17:42 PM
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Total: 1 comment(s)