

**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:

400865966

Date Received:

07/13/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

441867

## 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>XTO ENERGY INC</u>	Operator No: <u>100264</u>	<b>Phone Numbers</b>
Address: <u>382 CR 3100</u>		Phone: <u>(719) 845-2111</u>
City: <u>AZTEC</u>	State: <u>NM</u>	Mobile: <u>(719) 859-2264</u>
Zip: <u>87410</u>		Email: <u>irwin_trujillo@xtoenergy.com</u>
Contact Person: <u>Irwin Trujillo</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400838706

Initial Report Date: 05/13/2015      Date of Discovery: 05/12/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 24 TWP 34S RNG 68W MERIDIAN 6Latitude: 37.064125      Longitude: -104.937727Municipality (if within municipal boundaries): \_\_\_\_\_ County: LAS ANIMAS

#### Reference Location:

Facility Type: WELL PAD☐ Facility/Location ID No \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-071-08926

#### **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): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 14.07 BBLS of Surface Water Discharge Approved Produced Water

#### **Land Use:**

Current Land Use: CROP LANDOther(Specify): RangelandWeather Condition: Sunny / WindySurface Owner: STATEOther(Specify): Colorado Parks and Wildlife

#### **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):

Inlet line to the separator ruptured causing a produced water spill. The well was immediately shut down and taken out of service. Water was not contained or recovered. Investigation to the root cause will follow.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
5/12/2015	Colorado Parks and Wildlife	Bill Velarde	719-680-1036	Verbal @ 4:07 p.m. / e-mail @ 7:34 a.m. 5/13/15
5/12/2015	Las Animas County Oil and Gas	Robert Lucero	719-680-5100	Verbal @ 4:10 p.m. / e-mail @ 7:34 a.m. 5/13/15
5/12/2015	DNR	Robert Chesson	303-894-2100	Voice Msg. @ 4:16 / e-mail @ 7:34 a.m. 5/13/15
5/13/2015	COGCC	Peter Gintautas	719-846-3091	e-mail @ 7:34 a.m. 5/13/15

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 07/13/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	14	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? 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): 230 Width of Impact (feet): 15

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Measuring Wheel

Soil/Geology Description:

Rangeland Saruche/ Rombo

Depth to Groundwater (feet BGS) 376 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>1541</u>	None <input checked="" type="checkbox"/>	Surface Water	<u>1541</u>	None <input type="checkbox"/>
Wetlands	<u>1541</u>	None <input type="checkbox"/>	Springs	<u>1541</u>	None <input checked="" type="checkbox"/>
Livestock	<u>1541</u>	None <input checked="" type="checkbox"/>	Occupied Building	<u>1541</u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/06/2015

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)

External corrosion occurred on a buried 3 inch riser due to improper installation and potential damage to pipe coating.

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

Riser was replaced with coated pipe, primed and taped with Roscoat. Ditch was padded and backfilled to prevent pipe damage.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

## 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: Irwin Trujillo

Title: EHS Date: 07/13/2015 Email: irwin\_trujillo@xtoenergy.com

## COA Type

## Description

## Attachment Check List

### Att Doc Num

### Name

400865966	FORM 19 SUBMITTED
400866915	TOPOGRAPHIC MAP

Total Attach: 2 Files

## General Comments

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

Total: 0 comment(s)