

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>	Phone Numbers
Address: <u>382 CR 3100</u>		Phone: <u>(719) 845-2111</u>
City: <u>AZTEC</u> State: <u>NM</u> Zip: <u>87410</u>		Mobile: <u>(719) 859-2264</u>
Contact Person: <u>Irwin Trujillo</u>		Email: <u>irwin_trujillo@xtoenergy.com</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 6

Latitude: 37.064125 Longitude: -104.937727

Municipality (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): 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: 14.07 BBLS of Surface Water Discharge Approved Produced Water

Land Use:

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

Weather Condition: Sunny / Windy

Surface Owner: STATE Other(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

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>14</u>	<u>0</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): 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	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Empty box for additional spill details.

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:

Empty box for 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

Table with 2 columns: COA Type, Description. Currently empty.

Attachment Check List

Att Doc Num

Name

Table with 2 columns: Att Doc Num, Name. Rows: 400865966 FORM 19 SUBMITTED, 400866915 TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)