

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400874156

Date Received:

07/24/2015

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

441760

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>BURLINGTON RESOURCES OIL & GAS LP</u>	Operator No: <u>26580</u>	Phone Numbers
Address: <u>PO BOX 4289</u>		Phone: <u>(505) 326-9837</u>
City: <u>FARMINGTON</u>	State: <u>NM</u>	Mobile: <u>(505) 215-4361</u>
Zip: <u>87499</u>		Email: <u>crystal.walker@cop.co</u>
Contact Person: <u>Crystal Walker</u>		<u>m</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400836759

Initial Report Date: 05/07/2015 Date of Discovery: 05/04/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 17 TWP 33n RNG 9w MERIDIAN N

Latitude: 37.105892 Longitude: -107.849997

Municipality (if within municipal boundaries): _____ County: LA PLATA

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? 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: 29 BBLS PRODUCED WATER

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: RAINSurface Owner: OTHER (SPECIFY)Other(Specify): PRIVATE

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):

pipeline corroded allowing 29 bbls of produced water to come to surface and travel approximately 107' down the ROW near a road. Distances - 246' from surface water, no wetlands in area; uildings 683'; livestock 839'. water wells - unknown. depth of shallowest ground water unknown. Response - The pipeline was shuu-in and the area contained. Determined extent of contamination - Visual inspection as well as soil sampling; Further remediation - Will determine after sampling results are available; Describe measures taken to prevent reoccurrence - Pipeline protection.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/4/2015	Landowner	Kooper Saiz	505-320-1275	no worries
5/5/2015	COGCC	Jim Hughes	970-884-0491	Sample and determine path

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: Patsy Clugston

Title: Staff Regulatory Tech Date: 07/24/2015 Email: Patsy.L.Clugston@cop.com

COA Type

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400874156	FORM 19 SUBMITTED
400874160	OTHER
400874162	ANALYTICAL RESULTS
400874165	ANALYTICAL RESULTS

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Via telephone conversation, operator has given permission for COGCC staff to check "request closure" box.	7/27/2015 2:39:22 PM
Environmental	Based on review of information presented, it appears that no further action is necessary at this time and COGCC approves the closure request. If existing vegetative cover indicates an impact or does not recover, further investigation and/or remediation activities may be required at the site. Surface reclamation must meet the COGCC 1000 series rules for vegetative cover.	7/27/2015 2:36:34 PM

Total: 2 comment(s)