

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:

400898135

Date Received:

09/10/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

442987

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: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850	<b>Phone Numbers</b>
Address: PO BOX 370		Phone: (970) 6832295
City: PARACHUTE State: CO Zip: 81635		Mobile: (970) 5890743
Contact Person: Karolina Blaney		Email: karolina.blaney@wpxenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400888536

Initial Report Date: 08/22/2015 Date of Discovery: 08/21/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 31 TWP 5s RNG 97w MERIDIAN 6

Latitude: 39.574947 Longitude: -108.323193

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: PIT  Facility/Location ID No 284695  
 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): Unknown
Estimated Other E&P Waste Spill Volume(bbl): 0	Estimated Drilling Fluid Spill Volume(bbl): 0

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



Once the impacted area is excavated, confirmation samples will be collected and analyzed for constituents listed in Table 910-1. The excavated material will be treated on location. Closure request, Form 19, with the laboratory results will be submitted for COGCC's approval prior to backfilling activities.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/10/2015

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)

The lined production pit did not retain all of the fluids that were placed into it. Therefore, some of the fluids have migrated into the underlying soil.

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

Leakage will not occur again as the pit is being permanently closed.

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: 09/10/2015 Email: karolina.blaney@wpenergy.com

COA Type	Description

### Attachment Check List

Att Doc Num	Name
400898148	AERIAL PHOTOGRAPH

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date
Agency	Complete remdiation and closure per COGCC approved F-27 requirements.	9/14/2015 10:16:12 AM

Total: 1 comment(s)