

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400895269

Date Received:

09/03/2015

Spill report taken by:

Hussey, Jennifer

Spill/Release Point ID:

443103

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>PIONEER NATURAL RESOURCES USA INC</u>	Operator No: <u>10084</u>	Phone Numbers
Address: <u>5205 N O'CONNOR BLVD STE 200</u>		Phone: <u>(719) 846-7898</u>
City: <u>IRVING</u>	State: <u>TX</u>	Zip: <u>75039</u>
Contact Person: <u>James Roybal</u>		Mobile: <u>()</u>
		Email: <u>james.roybal@pxd.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400892329

Initial Report Date: 08/29/2015 Date of Discovery: 08/28/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 29 TWP 31S RNG 65W MERIDIAN 6

Latitude: 37.322620 Longitude: -104.701030

Municipality (if within municipal boundaries): _____ County: LAS ANIMAS

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE ☒ Facility/Location ID No 427440

☐ 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): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 3bbls

Land Use:

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

Weather Condition: sunny

Surface Owner: FEE Other(Specify): Trust Land

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):

Crews reported water bubbling out of ground and reported it. It is estimated that 3bbls of produced water were spilled. Leak was isolated and prepped for repair. Water ran down lease road about 225' where it came to a stop. No State water were involved.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/28/2015	COGCC	John Axelson	-	email
9/8/2015	LACOG	Bob Lucero	-	email
8/28/2015	Land Owner	Boydson Trust Prop.	-	Voice Mail

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 09/03/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	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): 225 Width of Impact (feet): 1

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

GPS

Soil/Geology Description:

On Form 2A

Depth to Groundwater (feet BGS) 125 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest	Water Well <u>2213</u>	None <input type="checkbox"/>	Surface Water <u>540</u>	None <input type="checkbox"/>
	Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
	Livestock _____	None <input checked="" type="checkbox"/>	Occupied Building <u>2150</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

During repair it was found that fitting at the 2" transition failed. it was determined that it was a bad fuse.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/03/2015

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 fuse at the 2" transition failed and leak occurred, inadequate installation or design

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

Proper repairs and installation were made

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): _____

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: James Roybal

Title: Environmental Supervisor Date: 09/03/2015 Email: james.roybal@pxd.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

400895269 FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)