

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:

400928226

Date Received:

10/30/2015

SPILL/RELEASE REPORT (INITIAL)

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.

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

443852

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) 845-2100</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@xtoergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400928226

Initial Report Date: 10/30/2015 Date of Discovery: 10/30/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 31 TWP 34S RNG 67W MERIDIAN 6

Latitude: 37.036647 Longitude: -104.931988

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

Reference Location:

Facility Type: WELL Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-071-09567

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: _____

Land Use:

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

Weather Condition: Rain / Snow

Surface Owner: OTHER (SPECIFY) Other(Specify): Hill Ranch

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):

Lease Operator arrived on location and noticed a leaking packing. The well was immediately taken out of service and the packing was repaired. The well was restarted and monitored to see if packing was leaking. Approximately three barrels of produced water was recovered. Water did not leave location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/30/2015	Hill Ranch	Mike Powell	719-846-2539	Voice Message @ 1:04 pm
10/30/2015	Hill Ranch	Mike Powell	719-859-3207	Voice Message @ 1:06 pm
10/30/2015	Las Animas County	Robert Lucero	719-680-5100	Voice Message @ 1:08 pm
10/30/2015	COGCC	Jason Kosola	303-894-2100	Verbal @ 1:11 pm

OPERATOR COMMENTS:

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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: EH&S Supervisor Date: 10/30/2015 Email: irwin_trujillo@xtoergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400928226	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)