

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

400914507

Date Received:

11/19/2015

Spill report taken by:

Spill/Release Point ID:

### 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>	<b>Phone Numbers</b>
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>		Mobile: <u>( )</u>
Contact Person: <u>James Roybal</u>		Email: <u>james.roybal@pxd.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400910811

Initial Report Date: 10/03/2015 Date of Discovery: 10/02/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 33 TWP 32S RNG 65W MERIDIAN 6

Latitude: 37.218530 Longitude: -104.681740

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: 2bbls

#### Land Use:

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

Weather Condition: sunny

Surface Owner: FEE Other(Specify): Mary Garcia

#### 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):

A break in the gathering line near the Turbo12-33 well was found. Leak was isolated and it is estimated that 2bbls of produced water were spilled. The leak was on the access road near a culvert and the water did enter waters of the state No live water was involved. The water in this line normally goes to outfall 060A. The leak was isolated and plans for repair and investigation are in process.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
10/2/2015	Land Owner	Mary Garcia	-	Voice mail
10/3/2015	COGCC	John Axelson	-	email
10/3/2015	LACOG	Bob Lucero	-	email
	CDPHE	Spill Hotline	-	Voicemail

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 10/09/2015

<b>FLUIDS</b>	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>2</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): 395 Width of Impact (feet): 1

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 1

How was extent determined?

GPS and Visual inspection

Soil/Geology Description:

Sheet # Madrid, soil complex- SW, soil Name- Molinaro Loam. Taken off of Form 2A

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>2700</u>	None <input type="checkbox"/>	Surface Water	<u>400</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>2700</u>	None <input type="checkbox"/>	Occupied Building	<u>3270</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

When leak was repaired it determined that the leak occurred at a spot on the pipe where previous damage had occurred. The section of pipe was removed and replaced. The line was put back into service.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/09/2015

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)

Inadequate installation or design was determined as cause, the damage on the pipe appeared to very old

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

The section of pipe that was damaged was removed and replaced.

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:

Produced water quality data from the well associated with or representative of the spill is attached. Pioneer and its consulting geochemical specialists have found, after 20 years operating in the Raton Basin CBM field, that soil sampling no longer adds useful data on smaller, short-term spills as land uses and the environment are not sensitive to short-term exposure to CBM produced water. Effects to soil chemistry from short-term CBM produced water spills are temporary and shallow for several reasons: the water does not contain crude oil or liquid hydrocarbons; the TDS is significantly less than 10,000 mg/L; it is suitable for livestock watering, wildlife and in many cases surface discharge. Mixed with other water it is suitable for irrigation without impact. When requested by the agency or landowner Pioneer has and will collect soil samples. Pioneer Natural Resources request closure of this spill based on this statement and attached water quality data.

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: 11/19/2015 Email: james.roybal@pxd.com

COA Type	Description

### Attachment Check List

Att Doc Num	Name
400939664	ANALYTICAL RESULTS

Total Attach: 1 Files

## General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)