

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:

400934163

Date Received:

11/20/2015

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

443852

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: XTO ENERGY INC Operator No: 100264 Phone Numbers: (719) 845-2100, (719) 859-2264, irwin_trujillo@xtoenergy.com

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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/10/2015

FLUIDS	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>5</u>	<u>3</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): 184 Width of Impact (feet): 5

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

How was extent determined?

Extent was determined GPS and by visual inspection.

Soil/Geology Description:

Fuera-Dargol-Vamer Complex 10-45% slopes

Depth to Groundwater (feet BGS) 165 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>3330</u>	None <input type="checkbox"/>	Surface Water	<u>1584</u>	None <input type="checkbox"/>
Wetlands	<u>1584</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Produced water did not leave location.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/11/2015

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)

Lease operator arrived on site and a packing nut was found to be loose on the well head.

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

Well was taken out of service and repaired. To prevent this from reoccurring, lease operators are to follow protocol after well start up to ensure equipment is working properly before leaving location.

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): 0

Volume of Impacted Surface Water Removed (bbls): 0

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:

XTO Energy Inc. is requesting closure of this spill. Soil samples taken from spill are below Table 910-1 standards.

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: 11/20/2015 Email: irwin_trujillo@xtoenergy.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400935501	TOPOGRAPHIC MAP
400940463	OTHER
400940464	ANALYTICAL RESULTS

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)