

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:

400919088

Date Received:

11/19/2015

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

443628

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400914532

Initial Report Date: 10/10/2015 Date of Discovery: 10/08/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 15 TWP 34S RNG 66W MERIDIAN 6

Latitude: 37.086610 Longitude: -104.769540

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) 05-071-06668

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): Bobby Hill

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):

The packing/stuffing box on the well head was found leaking, the leak was fixed upon discovery and it is estimated that 2bbls of produced water were spilled, the spill ran of the north side of location about 90'. No state waters were involved.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
10/8/2015	COGCC	John Axelson	-	email
10/8/2015	LACOG	Bob Lucero	-	email
10/8/2015	Ranch Foreman	Mike Powell	-	voicemail

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 10/16/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	2	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): 170 Width of Impact (feet): 1

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

GPS and visual inpection

Soil/Geology Description:

Saruche-Rombo-Rock Outcrop Complex, Taken off of USA soil survey provided by NRCS

Depth to Groundwater (feet BGS) 300 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	_____	None <input checked="" type="checkbox"/>
Wetlands	_____	None <input checked="" 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:

After repalcing the packing it was determined that the pupming untin was out of alingment causeing ware on the stuffing baox. Plans for alinging the unit are in process

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/16/2015

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)

It was determind that Normal wewar and tear as cause

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

Stuffing box and packing were replaced and plans to re align the unit are being made

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: James Roybal  
Title: Enviromental supervisor Date: 11/19/2015 Email: james.roybal@pxd.com

### COA Type

### Description

COA Type	Description

### Attachment Check List

#### Att Doc Num

#### Name

400919088	FORM 19 SUBMITTED
400939638	ANALYTICAL RESULTS

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Based on review of information presented it appears that no further action is necessary at this time. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be significantly impacted, further investigation and/or remediation activities may be required at the site.	11/23/2015 10:07:56 AM
Environmental	Returned to draft. Operator to provide comment and documentation to justify closure request.	11/18/2015 9:57:54 AM
Environmental	Operator did not provide justification for closure without sampling or remediating soil. Contacted operator to provide statement and documentation justifying closure.	11/13/2015 11:44:56 AM
Environmental	Returned to draft. Operator to provide additional details to justify closure request.	10/30/2015 9:34:02 AM

Total: 4 comment(s)