

**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 INCOperator No: 10084Address: 5205 N O'CONNOR BLVD STE 200City: IRVINGState: TXZip: 75039Contact Person: James Roybal

#### Phone Numbers

Phone: (719) 846-7898Mobile: ( )Email: james.roybal@pxd.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400914532Initial Report Date: 10/10/2015Date of Discovery: 10/08/2015Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SE W SEC 15 TWP 34S RNG 66W MERIDIAN 6Latitude: 37.086610 Longitude: -104.769540Municipality (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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 2bbls

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: sunnySurface Owner: FEEOther(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		
<b>FLUIDS</b>	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 inspection

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 baux. Plans for alinging the unit are in process

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 10/16/2015
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure) <div>It was determind theat Normal wewar and tear as cause</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>Stuffing box and packing were replaced and plans to re align the unit are being made</div>	
Volume of Soil Excavated (cubic yards): _____	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> 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

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## 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)