

**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:

400941695

Date Received:

12/02/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

444180

## 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.

### OPERATOR INFORMATION

Name of Operator: <u>XTO ENERGY INC</u>	Operator No: <u>100264</u>	<b>Phone Numbers</b>
Address: <u>382 CR 3100</u>		Phone: <u>(970) 674-4122</u>
City: <u>AZTEC</u>	State: <u>NM</u>	Mobile: <u>(970) 769-6048</u>
Zip: <u>87410</u>		Email: <u>jessica_Dooling@XTO</u>
Contact Person: <u>Jessica Dooling</u>		<u>Energy.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400941695

Initial Report Date: 11/23/2015      Date of Discovery: 11/21/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 9 TWP 2S RNG 97W MERIDIAN 6Latitude: 39.891390 Longitude: -108.295800Municipality (if within municipal boundaries): N/A County: RIO BLANCO

#### Reference Location:

Facility Type: CENTRALIZED EP WASTE MGMT FAC ☒ Facility/Location ID No 149012☐ 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? Yes

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): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: OTHER Other(Specify): Irrigated GrazingWeather Condition: Clear-Calm-48Surface Owner: FEE Other(Specify): \_\_\_\_\_

#### 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):

On 5:15pm on 11-21-2015 Production Forman notified EH&S of a produced water release at Love Ranch 8 E&P pond. Operations was performing maintenance to ensure there were no issues on the 4" combined liquids line between PCU 35-11 and Love 8 E&P pond by flowing back to the pond in an effort to identify operational issues from the PCU Secondary shut in. The operator returned shortly afterward and discovered the hose running into the pond had rotated out of the pond releasing ~8.3 bbls of produced water onto the surface of the Pond bank and down the access road bar ditch ~50 feet. The spill did not leave the 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>
11/22/2015	COGCC		-	
11/22/2015	Rio Blanco County	Mark Sprague	970-878-9584	

**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: Natalie Steiner

Title: EH&S Sr. Env. Technician Date: 12/02/2015 Email: natalie\_steiner@xtoenergy.com

**COA Type** **Description**

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**Attachment Check List**

**Att Doc Num** **Name**

400941695	FORM 19 SUBMITTED
400941721	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group** **Comment** **Comment Date**

Agency	Assess nature and extent of contamination. Remediate to Table 910-1 standards and provide documentation in a either a Supplemental F-19 if cleaned up immediately or F-27 if extended remediation is required.	12/2/2015 2:31:28 PM
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Total: 1 comment(s)