

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400967381

Date Received:

01/08/2016

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

444447

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: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850	Phone Numbers
Address: PO BOX 370		Phone: (970) 6832295
City: PARACHUTE State: CO Zip: 81635		Mobile: (970) 5890743
Contact Person: Karolina Blaney		Email: karolina.blaney@wpxenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400961332

Initial Report Date: 12/29/2015 Date of Discovery: 12/29/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 28 TWP 6S RNG 94W MERIDIAN 6

Latitude: 39.501629 Longitude: -107.899350

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 311583
 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: Exact volume will be estimated when excavation activities are complete.

Land Use:

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

Weather Condition: Cold, Snowy

Surface Owner: FEE Other(Specify): Clough

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 spill was caused by a dump line failure between a separator and produced water tank. At least 1 bbl of produced water was released, the exact volume will be estimated when excavation activities are complete.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/29/2015	COGCC	Stan Spencer	970-625-2491	Initial Form 19
12/29/2015	County	Kirby Wynn	970-625-5905	Email
12/29/2015	Fire Department	Orrin Moon	970-625-1243	Email
12/29/2015	Land Owner	Clough	-	Phone Call

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/08/2016

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>3</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): _____ Width of Impact (feet): _____

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

How was extent determined?

By field measurements and mapping with a Trimble GPS unit.

Soil/Geology Description:

47 - nihill channery loam

Depth to Groundwater (feet BGS) 50 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>2482</u>	None <input type="checkbox"/>	Surface Water	<u>686</u>	None <input type="checkbox"/>
Wetlands	<u>686</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>3749</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The release was caused by a failure of a buried produced water dump line. Discovery of the release occurred when produced water from the line migrated to the surface and soaked into soil adjacent to the produced water tank. The cause of the line failure was internal corrosion. The line was pressure tested on 12/11/15 and passed the test. The compromised line was excavated for repair. Soil impacted by this release and the bottom of the excavation was sampled for analytes listed in the COGCC Table 910-1. Further remediation activities will be based on the sampling results.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/08/2016

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)

The cause of the line failure was internal corrosion. The line was pressure tested on 12/11/15 and passed the test.

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

The compromised line will be replaced with an internally coated line and will be moved to the surface.

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: Karolina Blaney
 Title: Environmental Specialist Date: 01/08/2016 Email: karolina.blaney@wpenergy.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400967537	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)