

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:

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

**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)		
<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)		
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)		
<input type="checkbox"/> Offsite Disposal	<input checked="" 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: Karolina Blaney

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

<u>COA Type</u>	<u>Description</u>

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400967381	FORM 19 SUBMITTED
400967537	AERIAL PHOTOGRAPH

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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. Also include any information that operator has available concerning pipeline failure analysis, integrity/pressure testing, and any data concerning the root causes of the spill. Provide all pipeline integrity data to the COGCC Pipeline Supervisor, Mark Schlagenhauf, at (303) 894-2100 x5177 or mark.schlagenhauf@state.co.us	1/11/2016 9:48:29 AM

Total: 1 comment(s)