

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:

400968338

Date Received:

01/11/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

444500

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400964966

Initial Report Date: 01/06/2016 Date of Discovery: 01/04/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR new SEC 8 TWP 32s RNG 65w MERIDIAN 6

Latitude: 37.279450 Longitude: -104.698010

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) 05-071-06588

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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

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

Weather Condition: cold

Surface 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):

Lease Operator found a valve leaking at the Carl 21-8 well site and when he attempted to try and tighten the fitting the valve was cracked and came apart releasing about 15bbls of produced water before it was isolated. the spill ran down the lease road and ended in a meadow. Water from this spill normally goes to permitted outfall 065A. No State water were involved.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|----------|--------------|--------------|-------|---------------|
| 1/5/2016 | COGCC | Jason Kosola | - | email |
| 1/5/2016 | LACOG | Bob Lucero | - | email |
| 1/5/2016 | Land Owner | Carl Zele | - | Voice message |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|-----------------|--------------------------------------|-----------------|--------------------------|
| #1 | Supplemental Report Date: 01/11/2016 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | 0 | 0 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 15 | 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): 460 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:

From the NRCS soil survey: Gulnare-Allens Park Complex

Depth to Groundwater (feet BGS) 150 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

| | | | | | |
|------------|-------------|--|-------------------|-------------|--|
| Water Well | <u>1500</u> | None <input type="checkbox"/> | Surface Water | <u>280</u> | None <input type="checkbox"/> |
| Wetlands | _____ | None <input checked="" type="checkbox"/> | Springs | _____ | None <input checked="" type="checkbox"/> |
| Livestock | _____ | None <input checked="" type="checkbox"/> | Occupied Building | <u>2000</u> | None <input type="checkbox"/> |

Additional Spill Details Not Provided Above:

The valve was replaced. The well was not running at the time this occurred and the water spilled was from the gathering side and normally goes to permitted outfall 065A. The Analytical results attached are for this outfall.

CORRECTIVE ACTIONS

| | |
|--|--|
| #1 | Supplemental Report Date: 01/11/2016 |
| 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) | |
| <div>It appears that freeze caused the valve to split</div> | |
| Describe measures taken to prevent the problem(s) from reoccurring: | |
| <div>Isolate the valve before repairs are attempted to prevent spill</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: Environmental Supervisor Date: 01/11/2016 Email: james.roybal@pxd.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400968338 | FORM 19 SUBMITTED |
| 400968409 | ANALYTICAL RESULTS |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)