

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:

400971865

Date Received:

01/15/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

444505

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) 8467898Mobile: ()Email: james.roybal@pxd.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400967750Initial Report Date: 01/09/2016Date of Discovery: 01/08/2016Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 35 TWP 32S RNG 66W MERIDIAN 6Latitude: 37.208910 Longitude: -104.752280Municipality (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) 05-071-07894

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

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Snowy/ColdSurface 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 arrived on the Probe 24-35 location and found a cracked valve at the well head. It appears that freeze may have caused the valve to brake. The operator isolated upon discovery and is estimated that 15bbls of prduced water were spilled. The spill did leave location and ran about 284' with No State Waters involved. Plans for repair and investigation will follow.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/8/2016	COGCC	Jason Kosola	-	email
1/8/2016	LACOG	Bob Lucero	-	email
1/8/2016	Land Owner	Dave Gourdin	-	Phone call

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 01/15/2016		
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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>284</u>		Width of Impact (feet): <u>2</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
GPS and visual inspection			
Soil/Geology Description:			
From the NRCS soil map Gulnare-Allens Park Complex			
Depth to Groundwater (feet BGS) <u>15</u>		Number Water Wells within 1/2 mile radius: <u>2</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1170</u> None <input type="checkbox"/>	Surface Water <u>360</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 _____ None <input checked="" type="checkbox"/>	
Additional Spill Details Not Provided Above:			

At the time spill occurred the well was not running and the check valve that froze and cracked has not been replaced yet. The water from this spill was gathering line water going to the Cottontail Pass WD. The valve will remain isolated until other repairs to the well are made and check valve can be replaced.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 01/15/2016
Cause of Spill (Check all that apply) <input checked="" type="checkbox"/> Human Error <input 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>Inadequate communication is found to be the cause. Had it been clearly communicated to the lease operator to isolate the valve when the well went down, the freeze would not have occurred</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>Leave gathering line valve isolated until well is turned on. Communicate this to other lease operators in weekly meeting to prevent this from happening.</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:

Produced water quality data from the well associated with or representative of the spill is attached. Pioneer and its consulting geochemical specialists have found, after 20 years operating in the Raton Basin CBM field, that soil sampling no longer adds useful data on smaller, short-term spills as land uses and the environment are not sensitive to short-term exposure to CBM produced water. Effects to soil chemistry from short-term CBM produced water spills are temporary and shallow for several reasons: the water does not contain crude oil or liquid hydrocarbons; the TDS is significantly less than 10,000 mg/L; it is suitable for livestock watering, wildlife and in many cases surface discharge. Mixed with other water it is suitable for irrigation without impact. When requested by the agency or landowner Pioneer has and will collect soil samples. Pioneer Natural Resources request closure of this spill based on this statement and attached water quality data.

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: 01/15/2016 Email: james.roybal@pxd.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

400971869	ANALYTICAL RESULTS
-----------	--------------------

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)