

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400984407

Date Received:

02/05/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

444655

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) 846-7898Mobile: ()Email: james.roybal@pxd.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400981130Initial Report Date: 01/30/2016Date of Discovery: 01/30/2016Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 12 TWP 32S RNG 66W MERIDIAN 6Latitude: 37.269890 Longitude: -104.730160Municipality (if within municipal boundaries): _____ County: LAS ANIMAS

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE☒ Facility/Location ID No 427440☐ 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: NON-CROP LAND

Other(Specify): _____

Weather Condition: Warm, SunnySurface 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):

The lease Operator found a valve on the gathering line at the well head split open spraying water on the location. For reference the spill occurred on the Frodo 33-12 well site. It is estimated that 10bbls of produced water were spilled and it did leave location running offsite to the west about 400'. No State Waters were involved. It appears that freeze may have caused the valve to split. The leak was isolated upon Lease operator arrival.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/29/2016	COGCC	Jason Kosola	-	email
1/29/2016	LACOG	Bob Lecero	-	email
1/30/2016	Land owner	Fred Avi	-	Voicemail

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/05/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	10	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>450</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 survey map: Gulnare-Allens Park Complex			
Depth to Groundwater (feet BGS) <u>120</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>3990</u> None <input type="checkbox"/>	Surface Water <u> </u> None <input checked="" type="checkbox"/>	
	Wetlands <u> </u> None <input checked="" type="checkbox"/>	Springs <u> </u> None <input checked="" type="checkbox"/>	
	Livestock <u> </u> None <input checked="" type="checkbox"/>	Occupied Building <u>4070</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

When the freeze occurred the well was not running, it was down awaiting a work over. The Broken valve was replaced temporarily with the same type of valve and will be replaced with a freeze resistant Balon valve when we receive them from being ordered. Also an isolation valve is going to be installed on the gathering line to isolate gathering from the wellhead. The water from this well normally goes to CDPHE permitted outfall 065A. The analytical data for this outfall will be attached.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 02/05/2016
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 design or installation was determined as cause. There was no isolation valve on gathering line to isolate gathering from the well when not running.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>There will be a freeze resistant Balon Valve installed when we receive them and an isolation valve will be installed on the gathering line.</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: 02/05/2016 Email: james.roybal@pxd.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400984421	ANALYTICAL RESULTS
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Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)