

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:

400984086

Date Received:

02/04/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

444653

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400980915

Initial Report Date: 01/29/2016 Date of Discovery: 01/26/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 18 TWP 32S RNG 65W MERIDIAN 6

Latitude: 37.251360 Longitude: -104.720470

Municipality (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? 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:

Land Use:

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

Weather Condition: Warm, sunny

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):

Crews in the area reported a leak at the Muffins 14-18 well site yesterday. It appears the freeze may have caused the above ground gathering line to brake. The lease operator was notified and was isolated upon arrival. It is estimated that 3bbls of produced water were spilled. the water did not leave the locations and No State Waters were involved.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
1/28/2016	COGCC	Jason Kosola	-	email
1/28/2016	LACOG	Bob Lucero	-	email
1/29/2016	Land Owner	Charlie Hagen	-	Phone

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 02/04/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	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): 50 Width of Impact (feet): 1

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Visual inspection and GPS

Soil/Geology Description:

From the NRCS soil survey map: Gulnare-Allens Par complex

Depth to Groundwater (feet BGS) 40 Number Water Wells within 1/2 mile radius: 3

If less than 1 mile, distance in feet to nearest

Water Well	<u>565</u>	None <input type="checkbox"/>	Surface Water	<u>580</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>2900</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

At the time the freeze occurred the well was not running just free flowing. An isolation valve will be installed to isolate gathering water from well head when pump is not running. Damaged piece of pipe will be replaced.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/04/2016

Cause of Spill (Check all that apply)  Human Error  Equipment Failure  Historical-Unknown  
 Other (specify) Freezing temperatures

Describe Incident & Root Cause (include specific equipment and point of failure)

It was determined that inadequate design or installation of original equipment as cause. If there was an isolation valve in place, freeze would not have occurred

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

Plans are being made to install an isolation valve on the well pad to isolate gathering water from well head.

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: James Roybal  
Title: Environmental supervisor Date: 02/04/2016 Email: james.roybal@pxd.com

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

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400984086	FORM 19 SUBMITTED
400984140	ANALYTICAL RESULTS

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)