

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

400988229

Date Received:

02/12/2016

Spill report taken by:

Spill/Release Point ID:

## 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>	<b>Phone Numbers</b>
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# 400984906

Initial Report Date: 02/06/2016 Date of Discovery: 02/05/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 8 TWP 32S RNG 66W MERIDIAN 6Latitude: 37.274890 Longitude: -104.803370Municipality (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: Cold temperaturesSurface 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):

We had a spill that occurred yesterday 2/5/2016 on the Willys 32-8 TR well site (API 050-071-08688). The spill was reported at around 1:40PM and a lease operator was called. The leak was isolated. It appears that a 2" Balon valve on the above ground gathering line froze and separated at the threads on the valve spilling an estimated 10bbls of produced water. The spill did leave location a short distance to the North of the site. No State Waters were involved. Repairs and investigation will follow.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/6/2016	COGCC	Jason Kosola	-	email
2/6/2016	LACOG	Bob Lucero	-	email
2/6/2016	Land Owner	Charles Healey	-	phone

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/12/2016			
<b>FLUIDS</b>	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 &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
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): 430		Width of Impact (feet): 2		
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): 0		
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) 125		Number Water Wells within 1/2 mile radius: 0		
If less than 1 mile, distance in feet to nearest	Water Well 4560	None <input type="checkbox"/>	Surface Water 515	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 the spill occurred the well was producing to the production pit and the gathering line water froze and broke the 2" Balon valve. the valve will be replaced with a freeze resistant model and an isolation valve will be installed to isolate gathering water from the well head.

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 02/12/2016
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.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>An isolation valve will be installed to isolate gathering water from the well head and the broken valve will be replaced with a freeze resistant valve.</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: 02/12/2016 Email: james.roybal@pxd.com

## COA Type

## Description

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## Attachment Check List

Att Doc Num	Name
400988240	ANALYTICAL RESULTS

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)