

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:

400988980

Date Received:

02/15/2016

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

444707

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>XTO ENERGY INC</u>	Operator No: <u>100264</u>	Phone Numbers
Address: <u>382 CR 3100</u>		Phone: <u>(970) 675-4122</u>
City: <u>AZTEC</u> State: <u>NM</u> Zip: <u>87410</u>		Mobile: <u>(970) 769-6048</u>
Contact Person: <u>Jessica Dooling</u>		Email: <u>jessica_dooling@xtoenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400984474

Initial Report Date: 02/05/2016 Date of Discovery: 02/04/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 12 TWP 2S RNG 97W MERIDIAN 6

Latitude: 39.885740 Longitude: -108.238180

Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: OTHER Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-103-10417

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>=5 and <100</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____
 Weather Condition: 19F, overcast, ~10
 Surface Owner: FEDERAL 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):

On 2/4/2016 at 12 pm on location PCU 18-12, XTO employee noticed produced water flowing out of a 40bbl tank used for pressure safety valve containment off of pressure fluid vessel. Employee closed manual block valve to the pressure fluid vessel to stop flow. Approximately 51bbls spilled into lined secondary containment and .17bbls out of containment. Produced water was removed from secondary containment for injection into approved disposal wells, impacted soil was removed for proper disposal and a Table 910-1 confirmation sample was collected, results pending.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/5/2016	COGCC	Stan Spencer	970-675-2497	phone conversation
2/5/2016	BLM	Justin Wilson	970-878-3800	phone conversation
2/5/2016	Rio Blanco County	Mike Garner	970-878-9454	message left

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 02/15/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>51</u>	<u>51</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 9 Width of Impact (feet): 10

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

How was extent determined?

Visual Observation

Soil/Geology Description:

Castner channery loam, 5-50% slopes

Depth to Groundwater (feet BGS) 200 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u> </u>	None <input checked="" 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> </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Impacted soils will be disposed of at Wray Gulch Landfill, Meeker CO (manifests available upon request). A Table 910-1 confirmation sample was collected from the impacted area adjacent to the secondary containment, all results were below standards with the exception of As (4.4 mg/kg) which is within approved background levels. See attached Notice of Completion for completed remediation actions, Table 910-1 results including COGCC approved background Arsenic and Site Map including sampling location.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/15/2016

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

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

On 2/4/2016 at 12 pm on location PCU 18-12, XTO employee noticed produced water flowing out of a 40bbl tank used for pressure safety valve containment for the power fluid vessel. Employee closed inlet manual block valve to the power fluid vessel to stop flow. Approximately 51bbls spilled into lined secondary containment and .17bbls splashed out of containment on the ground, spill did not leave location. Power fluid vessel inlet control valve failed to close when vessel reached high level, emergency shutdown valve also failed to close when emergency shutdown signal was sent causing high pressure relief valve to open, causing release.

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

A pre-filter was installed on the ESD and semi-annual testing will be performed and a high/high alarm which will ESD entire pad was installed on the 40 Bbl PSV tank.

Volume of Soil Excavated (cubic yards): 1

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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:

For review by Stan Spencer.

Impacted soils will be disposed of at Wray Gulch Landfill, Meeker CO (manifests available upon request). A Table 910-1 confirmation sample was collected from the impacted area adjacent to the secondary containment, all results were below standards with the exception of As (4.4 mg/kg) which is within approved background levels. See attached Notice of Completion for completed remediation actions, Table 910-1 results including COGCC approved background Arsenic and Site Map including sampling location.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Jessica Dooling
Title: Piceance EHS Supervisor Date: 02/15/2016 Email: jessica_dooling@xtoenergy.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400989043	OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)