

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>	Mobile: <u>(970) 769-6048</u>
Zip: <u>87410</u>		Email: <u>jessica_dooling@xtoenergy.com</u>
Contact Person: <u>Jessica Dooling</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 6Latitude: 39.885740 Longitude: -108.238180Municipality (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): 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: 19F, overcast, ~10Surface 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	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	51	51	<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>9</u>		Width of Impact (feet): <u>10</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Visual Observation			
Soil/Geology Description:			
Castner channery loam, 5-50% slopes			
Depth to Groundwater (feet BGS) <u>200</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well _____ None <input checked="" type="checkbox"/>	Surface Water _____ None <input checked="" 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:			

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) <input type="checkbox"/> Human Error <input checked="" 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>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.</div>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<div>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.</div>	
Volume of Soil Excavated (cubic yards): 1	
Disposition of Excavated Soil (attach documentation) <input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> 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:

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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

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Attachment Check List

Att Doc Num

Name

400988980	FORM 19 SUBMITTED
400989043	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Based on review of information presented, it appears that no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be significantly impacted, then further investigation and/or remediation activities may be required at the site.	2/17/2016 10:49:19 AM

Total: 1 comment(s)