

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:

401004576

Date Received:

03/13/2016

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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: XTO ENERGY INC	Operator No: 100264	Phone Numbers
Address: 382 CR 3100		Phone: (505) 333-3683
City: AZTEC	State: NM Zip: 87410	Mobile: (505) 386-8018
Contact Person: Logan Hixon		Email: logan_hixon@xtoenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401004576

Initial Report Date: 03/13/2016 Date of Discovery: 03/12/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 1 TWP 32N RNG 7W MERIDIAN N

Latitude: 37.049910 Longitude: -107.565030

Municipality (if within municipal boundaries): County: LA PLATA

Reference Location:

Facility Type: WELL PAD

☐ Facility/Location ID No☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-067-09681

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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Produced Water

Land Use:

Current Land Use: CROP LAND

Other(Specify): and Grazing

Weather Condition: Cold/Breezy/ Scattered Showers

Surface Owner: FEE

Other(Specify): Lee & Shaun Woods-PO Box 1286, Ignacio, CO 81137

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):

At approximately 1130 a produced water (Fruitland Coal Production) release was discovered at the well site. The line was isolated immediately and it was discovered that the inlet tubing side line of the separator had failed. Cause still under analysis. Approximately 7 bbls of produced water (Fruitland Coal Production) to be released at the separator on the inlet side of the unit. Isolated line to prevent further discharge.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/14/2016	LaPlata County Office of Emerg	Butch Knowlton	970-382-6274	Sent Letter
3/14/2016	Surface Owner	Lee & Shaun Woods-PO Box	970-759-5873	Sent Letter
3/13/2016	COGCC-Southwest Environmental	Jim Hughes	970-259-4880	Called 753-Left message of what occurred and next steps, and submit form 19.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/13/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	7	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): 24		Width of Impact (feet): 9	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): 5	
How was extent determined?			
The extent of impact was measured using a measuring wheel for length and width, the vertical determination estimated by excavating to a depth where dry soil was encountered			
Soil/Geology Description:			
Sili Clay Loam, 3-6 percent slopes			
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 991 None <input type="checkbox"/>	Surface Water 121 None <input type="checkbox"/>
		Wetlands 121 None <input type="checkbox"/>	Springs None <input checked="" type="checkbox"/>
		Livestock 238 None <input type="checkbox"/>	Occupied Building 1267 None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

XTO proposes to collect one (1) sample from the release area to be analyzed for table 910.1 constituent table. One (1) background sample will be collected upgradient and analyzed for table 910.1 constituent table. Sample actions to be completed 3-13-2016.

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: Logan Hixon

Title: EHS Coordinator Date: 03/13/2016 Email: logan_hixon@xtoenergy.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

401004577	OTHER
401004578	OTHER
401004579	AERIAL PHOTOGRAPH

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)