

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:

401038066

Date Received:

04/28/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

445603

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>	Phone Numbers
Address: <u>5205 N O'CONNOR BLVD STE 200</u>		Phone: <u>(719) 846-7898</u>
City: <u>IRVING</u> State: <u>TX</u> Zip: <u>75039</u>		Mobile: <u>()</u>
Contact Person: <u>James Roybal</u>		Email: <u>james.roybal@pxd.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401034851

Initial Report Date: 04/24/2016 Date of Discovery: 04/22/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 25 TWP 32S RNG 66W MERIDIAN 6

Latitude: 37.235370 Longitude: -104.729150

Municipality (if within municipal boundaries): _____ County: LAS ANIMAS

Reference Location:

Facility Type: WELL Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-071-09255

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): <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: 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):

A third party contractor for Pioneer arrived on site and found the packing on the well head leaking. Calls were made and the Lease operator arrived and replaced the packing. It is estimated the 20bbls of produced water were spilled on the location. All of the water remained on site. No state waters were involved. The water from this well normally goes to CDPHE permitted outfall: Joyce 057A

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/23/2016	COGCC	Jason Kosola	-	email
4/23/2016	LACOG	Bob Lucero	-	email

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 04/28/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	20	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): 150 Width of Impact (feet): 10

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

How was extent determined?

Visual inspection

Soil/Geology Description:

From the NRCS soil survey map: Gulnare-Allens Park Complex

Depth to Groundwater (feet BGS) 75 Number Water Wells within 1/2 mile radius: 7

If less than 1 mile, distance in feet to nearest

Water Well	<u>1140</u>	None <input type="checkbox"/>	Surface Water	<u>780</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>1100</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The Packing on the well was replaced and put back in normal operation. The operator remained on site to verify the packing was not leaking.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	04/28/2016
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)		
Normal Wear and tear/ inadequate maintenance was determined as root cause. Well was down for about nine months and had only been running for about 1 month. When the well was started the operator had greased the packing but had not replaced it.		
Describe measures taken to prevent the problem(s) from reoccurring:		
It will be communicated to the lease Operators that the packing on wells that have not been running for longer than 3 months, will be repalced prior to being started.		
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:

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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: James Roybal

Title: Environmental Supervisor Date: 04/28/2016 Email: james.roybal@pxd.com

<u>COA Type</u>	<u>Description</u>
	Based on review of information presented it appears that no further action is necessary at this time. 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, further investigation and/or remediation activities may be required at the site.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401038066	FORM 19 SUBMITTED
401038148	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)