

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:

401089928

Date Received:

08/07/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

447237

SPILL/RELEASE REPORT (INITIAL)

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: PIONEER NATURAL RESOURCES USA INCOperator No: 10084Address: 5205 N O'CONNOR BLVD STE 200City: IRVINGState: TXZip: 75039Contact Person: James Roybal

Phone Numbers

Phone: (719) 846-7898Mobile: ()Email: james.roybal@pxd.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401089928Initial Report Date: 08/07/2016Date of Discovery: 08/05/2016Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 12 TWP 32S RNG 67W MERIDIAN 6Latitude: 37.270212 Longitude: -104.830880Municipality (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) 05-071-09702

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): >=1 and <5Estimated 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: sunny hotSurface 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 was found by the lease operator on 8/5/16 at around 12:30PM on the Lickity Split 43-12 well site (API# 05-071-09702). Upon arrival the operator found the packing on the well head leaking water, the leak was isolated immediately and is estimated that 5bbls of produced water were spilled. Most of the water remained on location but a small amount ran down the north side of the lease road (toward the west) about 20' where it ended. No state waters were involved.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 8/5/2016 | Land owner | Ed Bell | - | via phone |
| 8/6/2016 | COGCC | Jason Kosola | - | email |
| 8/6/2016 | LACOG | Bob Lucero | - | email |

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: James Roybal

Title: Environmental Supervisor Date: 08/07/2016 Email: james.roybal@pxd.com

COA Type

Description

| | |
|--|---|
| | Operator shall provide root cause of spill and prevention procedures on Form 19 Subsequent. |
|--|---|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 401089928 | FORM 19 SUBMITTED |
| 401089929 | TOPOGRAPHIC MAP |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)