

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401123153

Date Received:

10/05/2016

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

447928

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>PO BOX 6501</u>		Phone: <u>(970) 675-4122</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80155</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# 401118947

Initial Report Date: 09/27/2016 Date of Discovery: 09/26/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 11 TWP 2S RNG 97W MERIDIAN 6Latitude: 39.891340 Longitude: -108.250970Municipality (if within municipal boundaries): _____ County: RIO BLANCO

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) 05-103-10525

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? No

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: clear, calm, ~50FSurface 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):

At approximately 6:50 AM on 9/26/2016 it was discovered that a PSV was relieving on PCU T35X-11G3 well. The well was isolated upon arrival at approximately 7:10 AM. Spill was diked and standing liquids removed. Approximately 2.016 bbls of produced water spilled with 0.876 bbls recovered. All contaminated soil was picked up and placed into disposal tote bags. Table 910-1 compliance sampling conducted, data pending.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/27/2016	COGCC	Stan Spencer	970-625-2497	Left voicemail
9/27/2016	Rio BLanco County	Lannie Massie	970-878-9586	Discussed release
9/27/2016	BLM WRFO	Tracy Perfors	970-878-3800	Left Voicemail

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/05/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	2	1	<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>37</u>		Width of Impact (feet): <u>14</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>1</u>	
How was extent determined?			
Visual Observation			
Soil/Geology Description:			
Forelle loam, 3 to 8% slopes			
Depth to Groundwater (feet BGS) <u>100</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
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:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	10/05/2016
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>Produced water release was due to Pressure Safety Valve (PSV) failure to reset after actuation. Free liquids and impacted soils were removed and COGCC Table 910-1 soil samples were collected, data pending. Upon completion of remediation impacted soils will be disposed of at Wray Gulch Landfill, Meeker, CO.</div>		
Describe measures taken to prevent the problem(s) from reoccurring:		
<div>PSV was taken out of service and replaced.</div>		
Volume of Soil Excavated (cubic yards): 18		
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:

For review by Stan Spencer.
Free liquids and impacted soils were removed and COGCC Table 910-1 confirmation soil samples were collected, data pending. Upon completion of remediation a request for closure will be submitted including associated Table 910-1 confirmation data.

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: 10/05/2016 Email: jessica_dooling@xtoenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401123973	SITE MAP
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Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)