

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:

401164267

Date Received:

12/12/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

448718

**SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)**

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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>	<b>Phone Numbers</b>
Address: <u>PO BOX 6501</u>		Phone: <u>(719) 845-2100</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80155</u>		Mobile: <u>(719) 859-2264</u>
Contact Person: <u>Irwin Trujillo</u>		Email: <u>irwin_trujillo@xtoenergy.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 401164267

Initial Report Date: 12/09/2016 Date of Discovery: 12/08/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SWNE SEC 26 TWP 34S RNG 67W MERIDIAN 6

Latitude: 37.058369 Longitude: -104.853412

Municipality (if within municipal boundaries): \_\_\_\_\_ County: LAS ANIMAS

**Reference Location:**

Facility Type: FLOWLINE  Facility/Location ID No \_\_\_\_\_  
 No Existing Facility or Location ID No.  
 Well API No. (Only if the reference facility is well) 05-071-07357

**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): <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>&gt;=5 and &lt;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: Clear and freezing conditions

Surface Owner: OTHER (SPECIFY) Other(Specify): Private land owner

**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 12:53 pm 12/08/2016 a lease operator discovered water on location at the Hill Ranch 26-07V. He immediately shut down the unit and isolated the line. Cause was due to extreme freezing conditions. The produced water from water line break is located near the well head. There was approximately 6 bbl spilled on location with none recovered.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
12/9/2016	Land owner	Mike Powell	719-846-2539	No response, left a voice mail message (11:33am)
12/9/2016	Las Animas County	Robert Lucero	719-680-5100	Notified (11:35am)
12/9/2016	COGCC	Jason Kasola	719-641-0291	Notified (11:37am)

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 12/12/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	6	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): 189 Width of Impact (feet): 8

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

GPS and Visual Inspection, Tape Measure

Soil/Geology Description:

Fuera-Dargol-Vamer Complex

Depth to Groundwater (feet BGS) 420 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>2300</u>	None <input type="checkbox"/>	Surface Water	<u>1265</u>	None <input type="checkbox"/>
Wetlands	<u>1265</u>	None <input 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:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	12/12/2016		
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)				
There was a break at the well head to do freezing conditions. A compressor went down during the night causing a loss of water production allowing the stopped water to freeze in the line.				
Describe measures taken to prevent the problem(s) from reoccurring:				
A tubing kill will be installed on this location to prevent this from happening in the future.				
Volume of Soil Excavated (cubic yards): _____ 0				
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): _____ 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:

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Irwin Trujillo

Title: EH&S Supervisor Date: 12/12/2016 Email: irwin\_trujillo@xtoenergy.com

<b>COA Type</b>	<b>Description</b>
	Attached water quality results representative of the water spilled on location are attached. 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

**Att Doc Num**      **Name**

401164267	FORM 19 SUBMITTED
401165319	TOPOGRAPHIC MAP
401165369	ANALYTICAL RESULTS

Total Attach: 3 Files

**General Comments**

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)