

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401167724

Date Received:

12/15/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

448646

SPILL/RELEASE REPORT (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>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>
Contact Person: <u>James Roybal</u>		Mobile: <u>()</u>
		Email: <u>james.roybal@pxd.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401164637

Initial Report Date: 12/10/2016 Date of Discovery: 12/09/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 22 TWP 34S RNG 65W MERIDIAN 6

Latitude: 37.070680 Longitude: -104.660880

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

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE ☒ Facility/Location ID No 427440

☐ No Existing Facility or Location ID No.

☐ Well API No. (Only if the reference facility is well) 05- -

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: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: Freezing conditions around zero

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

We had a spill that occurred today on the Date Line 22-22 well site (API# 05-071-07622). Crews in the area reported it to the Lease operator and the operator isolated upon arrival. It appears to be a break in the gathering line underground on the location. The spill ran down the lease road to the east ending in a meadow just off the lease road. It is estimated that 20bbls of produced water were spilled with no State Waters involved. Plans for repairs and investigation are being made.

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/9/2016	COGCC	Jason Kosola	-	email
12/9/2016	LACOG	Bob Lucero	-	email

#1	Supplemental Report Date: 12/15/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>20</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 750 Width of Impact (feet): 2

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

How was extent determined?

Visual inspection and GPS

Soil/Geology Description:

From the NRCS soil survey map: Lorencito-Sarcillo-Trujillo complex

Depth to Groundwater (feet BGS) 100 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest	Water Well <u>3015</u>	None <input type="checkbox"/>	Surface Water <u>1205</u>	None <input type="checkbox"/>
	Wetlands _____	None <input checked="" type="checkbox"/>	Springs <u>3501</u>	None <input type="checkbox"/>
	Livestock _____	None <input checked="" type="checkbox"/>	Occupied Building <u>3080</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

There was no protective coating found on the pipe were the leak occured causing external corrosion.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 12/15/2016
Cause of Spill (Check all that apply) <input checked="" type="checkbox"/> Human Error <input 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>Mechanical failure due to inadequate installation or design was determined as root cause. There was no protective coating found on the pipe where the leak occurred causing external corrosion.</div>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<div>The line will be replaced from where the leak occurred to the wellhead with SDR 7 poly pipe.</div>	
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:

Produced water quality data from the well associated with or representative of the spill is attached. Pioneer and its consulting geochemical specialists have found, after 20 years operating in the Raton Basin CBM field, that soil sampling no longer adds useful data on smaller, short-term spills as land uses and the environment are not sensitive to short-term exposure to CBM produced water. Effects to soil chemistry from short-term CBM produced water spills are temporary and shallow for several reasons: the water does not contain crude oil or liquid hydrocarbons; the TDS is significantly less than 10,000 mg/L; it is suitable for livestock watering, wildlife and in many cases surface discharge. Mixed with other water it is suitable for irrigation without impact. When requested by the agency or landowner Pioneer has and will collect soil samples. Pioneer Natural Resources request closure of this spill based on this statement and attached water quality data.

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: 12/15/2016 Email: james.roybal@pxd.com

COA Type

Description

	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.
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401167724	FORM 19 SUBMITTED
401167751	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)