

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401167787

Date Received:

12/15/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

448647

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>		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# 401164640

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 NENW SEC 28 TWP 32S RNG 65W MERIDIAN 6

Latitude: 37.235320 Longitude: -104.680690

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? No

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): >=1 and <5

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 at Zero temperatures

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):

We had a spill the occurred on the Straight Shooter 21-28 well site (API# 05-071-06591). A Lease Operator found the check valve on the 2" above ground gathering line at the well head broken and spilling produced water. The operator isolated the leak, plans for repairs and investigation are being made. It is estimated that 3bbls of produced water were spilled. All of the water remained on location running into the production pit. No State Waters were involved.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 12/15/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	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): 15 Width of Impact (feet): 2

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) 175 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>1030</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>1175</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The well was down when the operator arrived, when he started the well and waited for it to pressure up the leak was discovered. It appears that freeze caused the check valve to break. The well was left down until repairs were made

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	12/15/2016	
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)			
Well went down allowing water to freeze and break the check valve.			
Describe measures taken to prevent the problem(s) from reoccurring:			
The valve was replaced and it was communicated to operators to check equipment prior to starting up a well.			
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.
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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: 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

Att Doc Num **Name**

401167787	FORM 19 SUBMITTED
401167807	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)