

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401207431

Date Received:

02/10/2017

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

449145

### 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>	<b>Phone Numbers</b>
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>Cherylyn Morgan</u>		Email: <u>cherylyn.morgan@pxd.com</u>

#### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401202441

Initial Report Date: 02/05/2017 Date of Discovery: 02/03/2017 Spill Type: Recent Spill

##### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 25 TWP 33s RNG 67W MERIDIAN 6

Latitude: 37.143240 Longitude: -104.845790

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: Sunny-Warm Thawing Coditions

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):

A spill that was found on the Rusted Root 12-25 well site (API# 05-071-09175) 2/3/17 between 3:00 - 4:00PM. Ryan Costa with the State of Colorado contacted Pioneer to notify us of the water leak. Lease Operator went to location and found the pin plate spring came out of pin plate on PC stuffing box. The path of the leak went across location and flowed to the south-west corner leaving the location. It is estimated that 4 bbls of produced water was spilled. No state waters were involved. The leak was isolated immediately.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
2/4/2017	COGCC	Jason Kosola	-	E-mail
2/4/2017	LACOG	Bob Lucero	-	E-mail

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 02/10/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	4	<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): 266 Width of Impact (feet): 4

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

How was extent determined?

Visual Inspection

Soil/Geology Description:

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

Depth to Groundwater (feet BGS) 150 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	<u>909</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	<u>585</u>	None <input type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Well was shut down until repairs to the well/pin plate could be completed.

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	02/09/2017
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)		
Root cause was determined as Mechanical Failure due to normal wear & tear/inadequate maintenance. Well was in normal operations, gathering line pressure caused worn pin to slide out due to excessive wear.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Install oil bath style pin plate (Oryx Style)		
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:

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.

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

Signed: \_\_\_\_\_ Print Name: Cherylyn Morgan  
 Title: Environmental Technician Date: 02/10/2017 Email: cherylyn.morgan@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
401207431	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401207452	ANALYTICAL RESULTS
401210169	FORM 19 SUBMITTED

Total Attach: 3 Files

## General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)