

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401333813

Date Received:

07/06/2017

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

451314

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: PIONEER NATURAL RESOURCES USA INCOperator No: 10084Address: 5205 N O'CONNOR BLVD STE 200City: IRVINGState: TXZip: 75039Contact Person: James Roybal

Phone Numbers

Phone: (719) 846-7898Mobile: ()Email: james.roybal@pxd.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401328531Initial Report Date: 06/30/2017Date of Discovery: 06/29/2017Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 27 TWP 32S RNG 67W MERIDIAN 6Latitude: 37.222900 Longitude: -104.871390Municipality (if within municipal boundaries): _____ County: LAS ANIMAS

Reference Location:

Facility Type: TANK BATTERY☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-071-08548

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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated 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: Hot SunnySurface 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 that was found yesterday 6/29/17 at around 2:15 PM by a Lease Operator on the Pioneer 34-27 well site (API# 05-071-08548). The operator found the production tank on location had overflowed . The Operator shut in the well, stopping the overflow and called water trucks to lower tank level. It is estimated at this time that 10bbls of produced water were spilled with no State waters involved. It is also estimated that 8bbls of the produced water spilled remained in the containment around the tank and only 2bbls left the containment and ran a short distance off location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/30/2017	COGCC	Jason Kosola	-	email
6/30/2017	LACOG	Bob Lucero	-	email
6/30/2017	Land Owner	Warren McDonald	-	phone

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/06/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	10	8	<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): 130		Width of Impact (feet): 2	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): _____	
How was extent determined?			
GPS and visual inspection			
Soil/Geology Description:			
From the NRCS soil survey map: Allens Park-Wahatoya complex			
Depth to Groundwater (feet BGS) 250		Number Water Wells within 1/2 mile radius: 1	
If less than 1 mile, distance in feet to nearest		Water Well 621 None <input type="checkbox"/>	Surface Water 100 None <input type="checkbox"/>
		Wetlands None <input checked="" type="checkbox"/>	Springs None <input checked="" type="checkbox"/>
		Livestock None <input checked="" type="checkbox"/>	Occupied Building 3080 None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

During investigation it was found that the well was left off of the water haul list and was not put on the following weeks water haul schedule

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/06/2017

Cause of Spill (Check all that apply) ☒ Human Error ☐ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Human failure: Front line field personnel - Inadequate communication was determined as Root Cause

Describe measures taken to prevent the problem(s) from reoccurring:

Communicate to employees about water hauling protocol and install a high level water sensor in the tank to monitor water level remotely.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment
☐ 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: 07/06/2017 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 or vegetation 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**

401333813	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401333840	ANALYTICAL RESULTS
401334937	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group**Comment****Comment Date**

Environmental	Secondary containment berm will need to be repaired on down slope side of tank. Please see Corrective Action on Inspection 682600331	07/07/2017
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Total: 1 comment(s)