

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401332033

Date Received:

07/05/2017

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

451312

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>BURLINGTON RESOURCES OIL & GAS LP</u>	Operator No: <u>26580</u>	Phone Numbers
Address: <u>PO BOX 4289</u>		Phone: <u>(701) 264-4041</u>
City: <u>FARMINGTON</u>	State: <u>NM</u>	Zip: <u>87499</u>
Contact Person: <u>Jennifer Dixon</u>		Email: <u>jennifer.a.dixon@conocophillips.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401329906

Initial Report Date: 07/01/2017 Date of Discovery: 07/01/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 4 TWP 4S RNG 64W MERIDIAN 6

Latitude: 39.726694 Longitude: -104.547081

Municipality (if within municipal boundaries): _____ County: ARAPAHOE

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 442643
☐ 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? 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): >=5 and <100

Specify: _____

Land Use:

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

Weather Condition: Clear

Surface Owner: FEE Other(Specify): B&D Land

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):

While drilling, the shaker screens blinded off with clay cuttings overloading the shaker, resulting in excessive fluid / cuttings build; causing the fluid to return through the possum belly overflow. Resulting in 8.32 barrels of Oil Base Mud to containment. The release was immediately cleaned up and properly disposed of. All required COP and State Agencies were notified.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/1/2017	Araphahoe County LGD	Diane Kocis	720-425-0422	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/05/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	8	8	<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? YES 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): _____ Width of Impact (feet): _____

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

How was extent determined?

Spill remained in secondary containment.

Soil/Geology Description:

N/A

Depth to Groundwater (feet BGS) 535 Number Water Wells within 1/2 mile radius: 11

If less than 1 mile, distance in feet to nearest

Water Well	<u>361</u>	None <input type="checkbox"/>	Surface Water	<u>3969</u>	None <input type="checkbox"/>
Wetlands	<u>3195</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>1320</u>	None <input type="checkbox"/>	Occupied Building	<u>500</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Spill occurred when shaker blinded off with clay. OBM was released to secondary containment

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/05/2017

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)

Root cause of incident was due to encountering heavy clay while drilling. When pit hand recognized the issue he immediately shut down operations. Bulk of material spilled was due to reaction time.

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

ROP was reduced from 900 to 350 fph and mesh was changed from 200-100.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment
☐ 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:

Spill was 100% contained.

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

Signed: _____ Print Name: Jennifer Dixon
 Title: Regulatory Coordinator Date: 07/05/2017 Email: jennifer.a.dixon@conocophillips.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401332033	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401335621	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)