

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401391721

Date Received:

08/31/2017

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

451918

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# 401387126

Initial Report Date: 08/25/2017 Date of Discovery: 08/25/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 11 TWP 32S RNG 66W MERIDIAN 6

Latitude: 37.269590 Longitude: -104.754880

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: Warm Partly cloudy

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 on the Formula 23-11 (API# 05-071-06986) ROW. A third party contractor was exposing a damaged culvert to replace it with a new one when they damaged a 3"poly water line that was not marked during the locate. It is estimated that 2bbls of produced water were spilled. The water ran about 130' off of the ROW where it ended in a dry drainage that was considered Waters of the State with no live water. The leak was isolated immediately and reported to Pioneer. A Call was made to CDPHE spill hotline. Repairs to the line are being made and the culvert installation will continue.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/24/2017	COGCC	Jason Kosola	-	email
8/24/2017	LACOG	Bob Lucero	-	email
8/24/2017	CDPHE	Ann Nedrow	-	Spill Hotline
8/24/2017	Land Owner	Charlie Hagen	-	phone

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/31/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	2	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? <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): <u>120</u>		Width of Impact (feet): <u>1</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
Visual inspection and GPS			
Soil/Geology Description:			
From the NRCS soil survey map: Gulnare-Allens Park complex			
Depth to Groundwater (feet BGS) <u>150</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>2600</u> None <input type="checkbox"/>	Surface Water <u>2120</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>3020</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

During the installation of the culvert the water line that was damaged was not located during the locate. The line did have tracer wire on it but was not visibly stubbed up at either end to allow locator to locate.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 08/31/2017
Cause of Spill (Check all that apply) <input checked="" 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)	
<div>Root cause was determined as mechanical failure due to inadequate design or installation. The pipe was shallow, it did have tracer wire on it but was not stubbed up to allow for locate. There were no pipeline makers on the side of the road where the water line was to signify that the gas line and water line were on opposite sides of the road.</div>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<div>The tracer wire was stubbed up near the culvert and is now visible to allow for proper locating. There will also be pipeline makers installed on both sides of the road to signify that the water line and gas line are on opposite sides of the road.</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:

At the agencies request we have asked that our third party contractor collect soil samples of the spill path and will submit them upon receiving the results. I have included water quality data for this spill in this report.

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: 08/31/2017 Email: james.roybal@pxd.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401391728	ANALYTICAL RESULTS
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Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)