

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401463733

Date Received:

11/18/2017

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

453140

## SPILL/RELEASE REPORT (INITIAL)

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 &amp; GAS LP</u>	Operator No: <u>26580</u>	<b>Phone Numbers</b>
Address: <u>PO BOX 4289</u>		Phone: <u>(832) 486-3345</u>
City: <u>FARMINGTON</u>	State: <u>NM</u>	Mobile: <u>(701) 300-2381</u>
Zip: <u>87499</u>		Email: <u>jennifer.a.dixon@cop.com</u>
Contact Person: <u>Jennifer Dixon</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401463733

Initial Report Date: 11/18/2017      Date of Discovery: 11/18/2017      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 2 TWP 4S RNG 65W MERIDIAN 6Latitude: 39.728739 Longitude: -104.638767Municipality (if within municipal boundaries): \_\_\_\_\_ County: ARAPAHOE

#### Reference Location:

Facility Type: WELL PAD☐ Facility/Location ID No \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-005-07250

#### **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): >=5 and <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Produced Water/ Oil Mix

#### **Land Use:**

Current Land Use: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Clear/ DrySurface Owner: FEEOther(Specify): Prosper Farms

#### **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 conducting flow back operations, crews were performing maintenance which required the manual operation of the water dump. During the maintenance activity, the separator was over filled and sent fluid to the combustor. This resulted in 13.5 barrels of oil overflowing onto the ground and 6 barrels being contained inside the combustor. Vacuum trucks are on location and have recovered the liquid, and transported to disposal. The wells on location are currently shut in to facilitate during the spill remediation and repair to the combustor.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/18/2017	LGD	Diane Kocis	-	
11/18/2017	Propser Farms	Jeff Vogel	-	

**OPERATOR COMMENTS:**

Burlington Resources respectfully submits the attached spill report. Spill remediation and root cause analysis are currently underway.

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: 11/18/2017 Email: jennifer.a.dixon@cop.com

**COA Type** **Description**

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**Attachment Check List**

**Att Doc Num** **Name**

401463733	SPILL/RELEASE REPORT(INITIAL)
401468587	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

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

		Stamp Upon Approval
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Total: 0 comment(s)