

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401500979

Date Received:

01/03/2018

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

453585

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: XTO ENERGY INC	Operator No: 100264	Phone Numbers
Address: 600 E EXCHANGE AVE		Phone: (970) 675-4122
City: FORTH WORTH	State: TX Zip: 76164	Mobile: (970) 769-6048
Contact Person: Jessica Dooling		Email: jessica_dooling@xtoenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401495784

Initial Report Date: 12/27/2017 Date of Discovery: 12/24/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 19 TWP 2S RNG 96W MERIDIAN 6

Latitude: 39.857950 Longitude: -108.208110

Municipality (if within municipal boundaries): County: RIO BLANCO

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 316254
 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): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: ~10 Bbls produced water released

Land Use:

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

Weather Condition: Clear, cold, calm

Surface Owner: FEDERAL Other(Specify): BLM

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):

On 12/24/2017, at approximately 2:30 p.m. MST a third party contract water hauler (CE) reported to XTO that the produced water tank on location had exploded (See Form 22 DOC 401495776). Approximately ten (10) bbls of produced water was released, ~9 bbls inside secondary and ~1 bbl onto well pad surface. Incident is currently under investigation, additional information will be submitted in subsequent Form 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/25/2017	COGCC	Stan Spencer	970-987-2891	Voicemail
12/25/2017	BLM	Tracy Perfors	970-878-1534	Voicemail
12/25/2017	Rio Blanco County	Lannie MAssie	970-878-9586	Voicemail
12/24/2017	Sherriff Rio Blanco County	Dispatch	-911	EMS/Fire and Rescue Dispatched

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/03/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>10</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 15 Width of Impact (feet): 20

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 4

How was extent determined?

Visual Observation

Soil/Geology Description:

Barcus Channery Loamy Sand, 2-8% Slopes

Depth to Groundwater (feet BGS) 100 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>3229</u>	None <input type="checkbox"/>	Surface Water	<u> </u>	None <input checked="" type="checkbox"/>
Wetlands	<u> </u>	None <input checked="" type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u> </u>	None <input checked="" type="checkbox"/>	Occupied Building	<u> </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Impact delineation currenty, COGCC Table 910-1 confirmation soil samples have been / will be collected, results pending. Additional infromation to follow.

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:

For review by Stan Spencer.

Impact delineation currenty, COGCC Table 910-1 confirmation soil samples have been / will be collected, results pending. Additional infromation to follow.

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

Signed: _____ Print Name: Jessica Dooling

Title: Pieance EHS Supervisor Date: 01/03/2018 Email: jessica_dooling@xtoenergy.com

COA Type

Description

<u>COA Type</u>	<u>Description</u>

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>
401501204	SITE MAP

Total Attach: 1 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)