

**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:

402237740

Date Received:

11/13/2019

Spill report taken by:

Heil, John

Spill/Release Point ID:

468668

## 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>XTO ENERGY INC</u>	Operator No: <u>100264</u>	<b>Phone Numbers</b>
Address: <u>110 W 7TH STREET</u>		Phone: <u>(970) 675-4089</u>
City: <u>FORTH WORTH</u>	State: <u>TX</u>	Mobile: <u>(970) 250-4867</u>
Zip: <u>76102</u>		Email: <u>natalie_steiner@xtoenergy.com</u>
Contact Person: <u>Natalie Steiner</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402190122

Initial Report Date: 09/26/2019      Date of Discovery: 09/24/2019      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 3 TWP 1S RNG 98W MERIDIAN 6Latitude: 39.990850 Longitude: -108.370360Municipality (if within municipal boundaries): \_\_\_\_\_ County: RIO BLANCO

#### Reference Location:

Facility Type: WELL PAD☒ Facility/Location ID No 316373Spill/Release Point Name: \_\_\_\_\_ ☐ No Existing Facility or Location ID No.Number: \_\_\_\_\_ ☐ 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? 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: ClearSurface Owner: FEDERALOther(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 9/24/2019 ~3:35 PM a line leak was called into the XTO control room. Operators were immediately dispatched to location. Produced water was coming up through the ground by the produced water disposal line/pig launcher. The line was immediately isolated and locked out. After excavation, a 2" hole was found in the 3" Shawor poly water line. The impacted soil will be properly disposed of. No waters were affected

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
9/24/2019	COGCC	Alex Fisher	303-894-2100	left messg.
9/24/2019	BLM	Tracy Perfors	970-878-3811	left messg.
9/24/2019	County	Lannie Massey	970-878-9586	left messg.

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: \_\_\_\_\_

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: \_\_\_\_\_

**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: 14580

**OPERATOR COMMENTS:**

For review by John Heil:  
XTO Energy submitted Form 27 Site Investigation and Remediation Workplan on 11/7/2019, Doc 402231650 to complete vertical and horizontal delineation of identified historical impacts as required via COA in the 10/16/2019 COGCC inspection DOC 699700046. XTO Energy herein requests closure of the Initial Form 19 402190122 submitted on 10/2/2019 as remediation activities will continue under the Form 27 DOC 402231650 as required via COA in the above referenced inspection.

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

Signed: \_\_\_\_\_ Print Name: Natalie Steiner

Title: SSHE Technician Date: 11/13/2019 Email: natalie\_steiner@xtoenergy.com

**COA Type**

**Description**

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**Attachment Check List**

Att Doc Num	Name
402237740	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402239205	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)