

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400597258

Date Received:

04/29/2014

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>OXY USA WTP LP</u>	OGCC Operator No: <u>66571</u>	Phone Numbers
Address: <u>760 HORIZON DR #101</u>		Phone: <u>(970) 2633648</u>
City: <u>GRAND JUNCTION</u>	State: <u>CO</u>	Mobile: <u>(970) 2633694</u>
Zip: <u>81506</u>		Email: <u>justin_booth@oxy.com</u>
Contact Person: <u>Justin Booth</u>		

INITIAL SPILL/RELEASE REPORT

Initial Report Date: <u>04/28/2014</u>	Date of Discovery: <u>04/26/2014</u>	Spill Type: <u>Recent Spill</u>
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Spill/Release Point Location:

Location of Spill/Release: QTRQTR swsw SEC 17 TWP 6s RNG 97w MERIDIAN 6

Latitude: 39.518308 Longitude: -108.248709

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

Reference Location:

Facility Type: WELL PAD ☐ Well API No. (if the reference facility is well) 05- -

☒ Facility ID (if not a well) 335903

☐ No Existing Facility ID

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

Were Five (5) barrels or more spilled? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>=1 and <5</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Rangeland

Weather Condition: Cloudy

Surface Owner: OTHER (SPECIFY) Other(Specify): Oxy-Private

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 ☐

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

At approximately 12:00pm Saturday, April 26th, 2014, an Oxy employee discovered a release adjacent to the production units on the 697-17-50 Waterfall pad. A production unit had a needle valve on a choke cap suffer sand erosion to the point of failure. The compromised cap/valve allowed produced water to release from the piping. The flow was shut off to the unit to ensure there was not any further fluid loss before the cap could be replaced. The impact of the released liquid was limited to the working surface of the location and no waterway of the US were impacted.

COGCC Comment Only:

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/26/2014	COGCC	Carlos Lujan	-	emailed
4/26/2014	Garfield County	Kirby Wynn	-	emailed

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 04/28/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	3	<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? NO Was an Emergency Pit constructed? NO

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): 40 Width of Impact (feet): 20

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 1

How was extent determined?

Calculations were made using LxWxH of the saturated soils on location.

Soil/Geology Description:

Happle Very Channery Sandy Loam

Depth to Groundwater (feet BGS) 1000 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well _____ None ☒ Surface Water 177 None ☐

Wetlands _____ None ☒ Springs 3340 None ☐
Livestock _____ None ☒ Occupied Building _____ None ☒

Additional Spill Details Not Provided Above:

A contract crew was dispatched to excavate and segregate the impacted soils on the day of discovery.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/28/2014

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)

The release was caused when a needle valve, mounted to the a choke cap on a production unit was eroded by sand to the point of failure. Once a seal was lost, produced water was able to spill from the production unit until discovered by the Oxy employee.

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

The compromised choke cap and valve was replaced.

Volume of Soil Excavated (cubic yards): 4

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 Number: _____

COGCC Comment:

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

Signed: _____ Print Name: Justin Booth

Title: HES Ops Advisor Date: 04/29/2014 Email: justin_booth@oxy.com

Attachment Check List

Att Doc Num **Name**

400597297 AERIAL PHOTOGRAPH

400597300 TOPOGRAPHIC MAP

Total Attach: 2 Files