

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

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Document Number:

400605697

Date Received:

05/09/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

437053

## SPILL/RELEASE REPORT (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>XTO ENERGY INC</u>	OGCC Operator No: <u>100264</u>	<b>Phone Numbers</b>
Address: <u>382 CR 3100</u>		Phone: <u>(970) 675-4122</u>
City: <u>AZTEC</u>	State: <u>NM</u> Zip: <u>87410</u>	Mobile: <u>(970) 675-4150</u>
Contact Person: <u>Jessica Dooling</u>		Email: <u>jessica_dooling@xtoenergy.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Report Date: <u>04/30/2014</u>	Date of Discovery: <u>09/28/2011</u>	Spill Type: <u>Historical Release</u>
<b>Spill/Release Point Location:</b>		
Location of Spill/Release: <u>QTRQTR SESE SEC 11 TWP 2S RNG 97W MERIDIAN 6</u>		
Latitude: <u>39.885222</u>	Longitude: <u>-108.240029</u>	
Municipality (if within municipal boundaries): _____	County: <u>RIO BLANCO</u>	
<b>Reference Location:</b>		
Facility Type: <u>WELL PAD</u>	<input checked="" type="checkbox"/> Well API No. (if the reference facility is well) <u>05-103-11378</u>	
	<input type="checkbox"/> Facility ID (if not a well) _____	
	<input type="checkbox"/> No Existing Facility ID	
<b>Fluid(s) Spilled/Released (please answer Yes/No):</b>		
Was one (1) barrel or more spilled outside of berms or secondary containment?	<u>Yes</u>	
Were Five (5) barrels or more spilled?	<u>Yes</u>	
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>Unknown</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>	
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>	
Specify: _____		
<b>Land Use:</b>		
Current Land Use: <u>NON-CROP LAND</u>	Other(Specify): _____	
Weather Condition: <u>Unknown</u>		
Surface Owner: <u>FEDERAL</u>	Other(Specify): <u>BLM</u>	
<b>Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):</b>		
Waters of the State <input type="checkbox"/>	Residence/Occupied Structure <input type="checkbox"/>	Livestock <input type="checkbox"/>
	Public Byway <input type="checkbox"/>	Surface Water Supply Area <input type="checkbox"/>

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

Subliner impacts below the Reserve pits was identified during pit closure investigation. Initial subliner samples were collected in preparation for Pit Closure Form 27 submittal. Soil samples indicated some constituents above Table 910-1 standards. Assessment is currently underway; Form 27 information addressing spill remediation and pit closure activities to follow.

COGCC Comment Only:

Historical spill from pit being remediated under an approved pit closure schedule.

List Agencies and Other Parties Notified:

#### OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
4/30/2014	Rio Blanco County	Mark Sprague	970-878-9584	Voicemail
4/30/2014	BLM WRFO	Justin Wilson	970-878-3825	Voicemail

## SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 05/09/2014		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER			<input checked="" type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID			<input checked="" 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>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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): _____		Width of Impact (feet): _____	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Determination of extent of impacts will continue pending approval of Form 27 submitted to Stan Spencer for review 5/9/2014.			
Soil/Geology Description:			
Castner channery loam, 5-50% slopes			
Depth to Groundwater (feet BGS) <u>150</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well _____	None <input checked="" type="checkbox"/>	Surface Water <u>1250</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 _____    None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			
Above depth to groundwater is a conservative value, groundwater is believed to be > 150 ft BGS. Form 27 to complete delineation and address impacts submitted to Stan Spencer on 5/9/2014, approval pending.			

## 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: Jessica Dooling

Title: Piceance EHS Supervisor Date: 05/09/2014 Email: jessica\_dooling@xtoenergy.com

### **Attachment Check List**

**Att Doc Num**

**Name**

400605697

FORM 19 SUBMITTED

Total Attach: 1 Files