

State of Colorado
Oil and Gas Conservation Commission

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400606789

Date Received:

05/12/2014

SPILL/RELEASE REPORT (INITIAL)

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.

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

437201

OPERATOR INFORMATION

Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u> OGCC Operator No: <u>96850</u>	Phone Numbers
Address: <u>1001 17TH STREET - SUITE #1200</u>	Phone: <u>(970) 5890743</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Mobile: <u>(970) 2859573</u>
Contact Person: <u>Karolina Blaney</u>	Email: <u>karolina.blaney@wpxenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Report Date: 05/12/2014 Date of Discovery: 05/10/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 21 TWP 6S RNG 94W MERIDIAN 6

Latitude: 39.505741 Longitude: -107.897845

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

Reference Location:

Facility Type: WELL PAD Well API No. (if the reference facility is well) 05-045-

Facility ID (if not a well) 159447

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? Yes

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 <10

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

Specify: _____

Land Use:

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

Weather Condition: showers, moist soil conditions

Surface Owner: FEE Other(Specify): _____

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):

One of the plunger valves on the triplex pump failed which allowed produced water to leak out of the pump and onto the pad. No fluids left the bermed pad.

COGCC Comment Only:

List Agencies and Other Parties Notified:

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

Signed: _____ Print Name: Karolina Blaney

Title: environmental specialist Date: 05/12/2014 Email: karolina.blaney@wpenergy.com

Attachment Check List

Att Doc Num

Name

400606789

FORM 19 SUBMITTED

Total Attach: 1 Files