

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400611196

Date Received:

05/20/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

437201

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>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) 6832295</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Karolina Blaney</u>		Mobile: <u>(970) 2859573</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:

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 05/20/2014

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	7	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): 101 Width of Impact (feet): 87

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

How was extent determined?

By field measurements and mapping with a Trimble GPS unit.

Soil/Geology Description:

Nihill channery loam - Channery to very channery stratified extremely channery sandy loam to extremely channery loam

Depth to Groundwater (feet BGS) 87

Number Water Wells within 1/2 mile radius: 3

If less than 1 mile, distance in feet to nearest	Water Well <u>2985</u>	None <input type="checkbox"/>	Surface Water <u>1240</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 <u>4712</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A stud bolt failed on the swab box end of a pump that was being utilized to inject treated water down the 911-28D injection well. This equipment failure allowed treated water to flow out onto the well pad. When the leak was discovered, water management personnel, on location, immediately shut down the injection pump utilizing an automatic kill switch. They then isolated the pump, injection well, and frac tanks to prevent any additional fluid loss from the pump. A vac truck was dispatched to the location and was able to recover approximately 3 barrels of free standing liquid from the pad. The entire release was contained to the bermed pad. No fluids migrated off site. The impacted area will be sampled for Table 910-1 once the pad surface has had a chance to dry out both from the spill and the recent precipitation event. Remedial actions, if warranted, will be based on these results. If remediation of the impacted area is required, any soils generated from the remedial activities will be treated on-site with a bio-remediation product.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/19/2014		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)				
A stud bolt failed on the swab box end of a pump that was being utilized to inject treated water down the 911-28D injection well. This equipment failure allowed treated water to flow out onto the well pad.				
Describe measures taken to prevent the problem(s) from reoccurring:				
The pump is being evaluated by both the water management company and pump manufacturer representatives. The pump was new with less than 200 hours of operating time. The standard operating time range for this type of pump is in the 15-20,000 hour range. In the interim the pump has been repaired and the damaged parts are undergoing more extensive evaluation to determine the cause for early failure. If a root cause for the bolt failure is found, procedural and or part changes will be implemented to ensure it does not happen in the future.				
Volume of Soil Excavated (cubic yards): _____				
Disposition of Excavated Soil (attach documentation)		<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
		<input type="checkbox"/> 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: Karolina Blaney

Title: Environmental specialist Date: 05/20/2014 Email: karolina.blaney@wpenergy.com

Attachment Check List

Att Doc Num	Name
400611196	FORM 19 SUBMITTED
400611643	SITE MAP

Total Attach: 2 Files