

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

05/28/2014

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.

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

437202

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>	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: 05/14/2014 Date of Discovery: 05/13/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 27 TWP 6S RNG 94W MERIDIAN 6

Latitude: 39.503204 Longitude: -107.881792

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

Reference Location:

Facility Type: TANK BATTERY Well API No. (if the reference facility is well) 05- -

Facility ID (if not a well) 335193

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? No

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): >=5 and <10

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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: sunny, warm, windy

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):

The release was caused by corrosion of the condensate tank. Condensate leaked out of the tank into the dirt SPCC containment. None of the fluids left the containment berm.

COGCC Comment Only:

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/14/2014	COGCC	Stan Spencer	970-987-2497	Form 19
5/14/2014	County	Kirby Wynn	970-625-5905	Email
5/14/2014	Fire Department	Chad Harris	970-625-1243	Email
5/14/2014	Fire Department	Orin Moon	970-625-1242	Email

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: 05/28/2014 Email: karolina.blaney@wpenergy.com

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files