

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

400628778

Date Received:

06/18/2014

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

437617

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>PIONEER NATURAL RESOURCES USA INC</u>	OGCC Operator No: <u>10084</u>	Phone Numbers
Address: <u>1401 17TH ST STE 1200</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>David Castro</u>		
		Phone: <u>(303) 2988100</u>
		Mobile: <u>(303) 2941275</u>
		Email: <u>david.castro@pxd.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Report Date: <u>06/16/2014</u>	Date of Discovery: <u>06/13/2014</u>	Spill Type: <u>Recent Spill</u>
Spill/Release Point Location:		
Location of Spill/Release: <u>QTRQTR nwnw SEC 33 TWP 31s RNG 65w MERIDIAN 6</u>		
Latitude: <u>37.306550</u>	Longitude: <u>-104.682060</u>	
Municipality (if within municipal boundaries): _____	County: <u>LAS ANIMAS</u>	
Reference Location:		
Facility Type: <u>WATER GATHERING SYSTEM/LINE</u>	<input type="checkbox"/> Well API No. (if the reference facility is well) <u>05- -</u>	
	<input checked="" type="checkbox"/> Facility ID (if not a well) <u>427440</u>	
	<input type="checkbox"/> 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?	<u>Yes</u>	
Were Five (5) barrels or more spilled?	<u>No</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>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: <u>4 bbls</u>		
Land Use:		
Current Land Use: <u>NON-CROP LAND</u>	Other(Specify): _____	
Weather Condition: <u>sunny</u>		
Surface Owner: <u>FEE</u>	Other(Specify): <u>Frank Zele</u>	
Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):		
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):

Produced water was found to have surface along the road going to the Shipianka 11-33 location. Water ran along the roadside towards the location for 300' before running off down the hill for another 120' and coming to a stop on the hillside. The spill was isolated upon discovery. Crews are on location today to dig up and repair the line. Initial word from the field is that the leak was likely from a failure at the relief valve.

COGCC Comment Only:

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/16/2014	Landowner	Frank Zele	-	phone call
6/16/2014	LACOG	Bob Lucero	-	email

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 06/18/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	4	0	<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
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) <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): 420		Width of Impact (feet): _____	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): 1	
How was extent determined?			
GPS			
Soil/Geology Description:			
Gulnare Allens Park Complex			
Depth to Groundwater (feet BGS) 125		Number Water Wells within 1/2 mile radius: 0	
If less than 1 mile, distance in feet to nearest Water Well 2820		None <input type="checkbox"/> Surface Water 995 None <input type="checkbox"/>	

Wetlands _____ None ☒

Springs 4430 None ☐

Livestock _____ None ☒

Occupied Building 2878 None ☐

Additional Spill Details Not Provided Above:

After digging up the line, the cause of the spill was found to be a faulty fuse at the transition.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/18/2014

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)

After digging up the liner, the cause of the spill was found to be a faulty fuse at the transition, not a relief valve.

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

Fuse has been replaced and the water line is back tonormal operations.

Volume of Soil Excavated (cubic yards): 0

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: David Castro

Title: Environmental Specialist Date: 06/18/2014 Email: david.castro@pxd.com

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)