

State of Colorado
Oil and Gas Conservation Commission

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Date Received:

06/18/2014

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:
GINTAUTAS, PETER

Spill/Release Point ID:
437617

OPERATOR INFORMATION

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

INITIAL SPILL/RELEASE REPORT

Initial Report Date: 06/16/2014 Date of Discovery: 06/13/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR nwnw SEC 33 TWP 31s RNG 65w MERIDIAN 6

Latitude: 37.306550 Longitude: -104.682060

Municipality (if within municipal boundaries): County: LAS ANIMAS

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE Well API No. (if the reference facility is well) 05- -

Facility ID (if not a well) 427440

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? No

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): >=1 and <5

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

Specify: 4 bbls

Land Use:

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

Weather Condition: sunny

Surface Owner: FEE Other(Specify): Frank Zele

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

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**

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)