

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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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: PIONEER NATURAL RESOURCES USA INC	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 Spill/Release Report Doc# 400627110

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 Facility/Location ID No 427440

No Existing Facility or Location ID No.

Well API No. (Only if the reference facility is well) 05-071-

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes
A spill/release is considered to be outside of secondary containment if groundwater has been impacted.

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

As defined in COGCC 100-Series Rules

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.

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? NO Was an Emergency Pit constructed? NO
A spill/release is considered to be outside of secondary containment if groundwater has been impacted.

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): 420 Width of Impact (feet): _____
 Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

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	<u>2820</u>	None <input type="checkbox"/>	Surface Water	<u>995</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	<u>4430</u>	None <input type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>2878</u>	None <input type="checkbox"/>

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 Project No: _____

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

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400628778	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)