

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400659582

Date Received:

08/13/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

438420

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>	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>	Mobile: <u>(970) 5890743</u>
Zip: <u>80202</u>		Email: <u>karolina.blaney@wpenergy.com</u>
Contact Person: <u>Karolina Blaney</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400653236

Initial Report Date: 07/30/2014 Date of Discovery: 07/29/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 23 TWP 7S RNG 96W MERIDIAN 6Latitude: 39.427397 Longitude: -108.081514Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 334601☐ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

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

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): >=5 and <100Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: cloudy, warm, muddySurface 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 ☐

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):

The existing location is under construction for the drilling of additional wells. During excavation of the cellar box, the dirtwork contractor encountered hydrocarbon impacted soil (historical release). Due to the pad size constraints, the excavated soil will be transported to the SG 22-32 well pad (COGCC ID # 334401) where it will be treated with a bio remediation product to decrease the hydrocarbon concentrations to cleanup requirements specified in the COGCC Table 910-1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/29/2014	COGCC	Stan Spencer	970-625-2497	verbal notification
7/30/2014	Landowner		-	Verbal notification
7/30/2014	County	Kirby Wynn	970-625-5905	Email
7/30/2014	Fire Department	David Blair	970-285-9119	Email

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/08/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE		0	<input checked="" type="checkbox"/>
PRODUCED WATER		0	<input checked="" 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>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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): 73		Width of Impact (feet): 50	
Depth of Impact (feet BGS): 42		Depth of Impact (inches BGS): _____	
How was extent determined?			
By field measurements and mapping with a Trimble GPS unit.			
Soil/Geology Description:			
Torriorthents-Camborthoids-Rock outcrop complex - fine sandy loam if present or unweathered bedrock (Wasatch Fm.)			
Depth to Groundwater (feet BGS) 130		Number Water Wells within 1/2 mile radius: 1	
If less than 1 mile, distance in feet to nearest		Water Well 2562	None <input type="checkbox"/>
		Wetlands	None <input checked="" type="checkbox"/>
		Livestock	None <input checked="" type="checkbox"/>
		Surface Water 2025	None <input type="checkbox"/>
		Springs	None <input checked="" type="checkbox"/>
		Occupied Building 2882	None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

The existing facility is being expanded and reconstructed to accommodate the drilling of additional wells. During the pad reconstruction, historical contamination was discovered where the cellar box will be located. The investigation indicates that the entire release is contained within footprint of the well pad. No contaminants have migrated off-site. The impacted area was excavated. Field screening results from the four walls and the bottom tested below 500 ppm TPH. Confirmation samples were collected and submitted for analysis of the full Table 910-1 analytical suite. Any additional remediation, if warranted, will be based on these results. The impacted soil from the release is being transported to the SG 22-32well pad (COGCC ID # 334401) where it will be treated on-site with a bio-remediation product to levels which comply with Table 910-1.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	08/08/2014		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)				
<div>The existing facility is being expanded and reconstructed to accommodate the drilling of additional wells. During the pad reconstruction, historical contamination was discovered where the cellar box will be located.</div>				
Describe measures taken to prevent the problem(s) from reoccurring:				
<div>Due to corrosion of metal piping, all newly installed lines are being replaced with lines with an epoxy type coating on the inside of the pipe which greatly reduces potential corrosion of the metal and subsequent line failures. All new tanks are inspected prior to placing them into the containment structures to check for possible paint chips, faulty welds, or other factors which could lead to early corrosion of the metal. The SPCC inspectors will also conduct more detailed inspections of all tanks in the field to check for possible corrosion. All newly installed production tanks will be set in a steel lined SPCC containment structure.</div>				
Volume of Soil Excavated (cubic yards):		1800		
Disposition of Excavated Soil (attach documentation)		<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
		<input checked="" type="checkbox"/> Other (specify) <u>offsite treatment</u>		
Volume of Impacted Ground Water Removed (bbls):		_____		
Volume of Impacted Surface Water Removed (bbls):		_____		

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: Karolina Blaney

Title: environmental specialist Date: 08/13/2014 Email: karolina.blaney@wpenergy.com

Attachment Check List

Att Doc Num	Name
400659612	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)