

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400666459

Date Received:

08/18/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

438525

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# 400660215

Initial Report Date: 08/09/2014 Date of Discovery: 08/08/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 14 TWP 2S RNG 98W MERIDIAN 6Latitude: 39.880483 Longitude: -108.366926Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No. _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-103-11272

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): 0Estimated Flow Back Fluid Spill Volume(bbl): >=100Estimated Produced Water Spill Volume(bbl): >=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: warm, dry, sunnySurface Owner: FEDERAL 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 RG 11-14-298 well had a kill plug fail resulting in loss of well control. The well's high pressure caused produced water and flowback fluid to mist out of the casing valve for approximately 17 hrs before the well was brought under control. The exact volume of fluids released is unknown at this time but is estimated to be between 200-240 bbls. 200 bbls of fluids was recovered with vacuum trucks. The vast majority of the released fluids was contained within the pad perimeter, though approximately 2 bbls left the location through a saturated section of the pad's perimeter berm.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/9/2014	COGCC	Stan Spencer	970-987-2891	Verbal & initial Form 19
8/9/2014	COGCC	Shaun Kellerby	970-285-7329	Email
8/9/2014	BLM	Erika Miller	970-878-3808	Email
8/9/2014	BLM	Bud Thompson	970-878-3828	Email
8/9/2014	BLM	Justin Wilson	970-878-3825	Verbal
8/9/2014	Fire Department	Steve Allen	970-824-1682	Email
8/9/2014	Sheriff	Si Woodruff	970-878-9620	Email
8/9/2014	Public health	Jeremy Simmons	970-878-9526	Email
8/9/2014	County	Mark Sprague	970-878-9584	Email

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/18/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	130	120	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	130	120	<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): <u>435</u>		Width of Impact (feet): <u>410</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): <u>2</u>	
How was extent determined?			
By field measurements and mapping with a Trimble GPS unit.			

Soil/Geology Description:

Depth to Groundwater (feet BGS)	<u>50</u>	Number Water Wells within 1/2 mile radius:	<u>0</u>
If less than 1 mile, distance in feet to nearest	Water Well <u>7453</u>	None <input type="checkbox"/>	Surface Water <u>1012</u> None <input type="checkbox"/>
	Wetlands <u></u>	None <input checked="" type="checkbox"/>	Springs <u></u> None <input checked="" type="checkbox"/>
	Livestock <u></u>	None <input checked="" type="checkbox"/>	Occupied Building <u></u> None <input checked="" type="checkbox"/>

During a workover operation, two mechanical kill plugs failed resulting in a loss of well control. A mixture of gas and produced fluids misted out of the casing valve for 17 hours before the well was brought under control. When the well was brought back into control, vac trucks already staged off the location moved onto the pad and recovered approximately 240 of the estimated 260 barrels of fluid released. A vast majority of the fluid was contained on the pad, however a small amount (approximately 2 bbls.) seeped through the earthen perimeter berm and migrated off site. No surface water features were impacted by the release. The impacted areas on and off the pad were field screened for hydrocarbons. Field screening results of the impacted area located off the pad indicated contaminant levels below the COGCC 910-1 standard of 500 ppm for TPH in soil. A confirmation sample was collected and submitted for analysis of the full Table 910-1 analytical suite. Field screening results of the impacted area located on the pad exceeded the COGCC Table 910-1 standard of 500 ppm TPH in soil. Due to the moisture on the pad, it will be allowed to dry for 2 weeks and will be re-sampled for the entire Table 910-1 analytical suite. Further remedial actions, if warranted will be based on these results.

#1	Supplemental Report Date:	08/18/2014
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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)

During a workover operation, two mechanical kill plugs failed resulting in a loss of well control. A mixture of gas and produced fluids misted out of the casing valve for 17 hours before the well was brought under control.

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

The compromised kill plugs are being examined to determine what may have led to them to fail. Procedural, equipment changes or modifications may be implemented based on the findings of the investigation.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation)

☐ Offsite Disposal
 ☐ Onsite Treatment
 ☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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.

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: 08/18/2014 Email: karolina.blaney@wpxenergy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400666598	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)