

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

400677562

Date Received:

09/02/2014

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:

Spencer, Stan

Spill/Release Point ID:

438668

OPERATOR INFORMATION

Name of Operator: XTO ENERGY INC	Operator No: 100264	<b>Phone Numbers</b>
Address: 382 CR 3100		Phone: (970) 675-4122
City: AZTEC	State: NM	Zip: 87410
Contact Person: Jessica Dooling		Mobile: (970) 769-6048
		Email: jessica_dooling@xtoenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400671605

Initial Report Date: 08/22/2014 Date of Discovery: 08/22/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 11 TWP 2S RNG 97W MERIDIAN 6

Latitude: 39.892360 Longitude: -108.251020

Municipality (if within municipal boundaries): County: RIO BLANCO

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE  Facility/Location ID No

No Existing Facility or Location ID No.

Well API No. (Only if the reference facility is well) 05-103-10112

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? 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:

Land Use:

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

Weather Condition: Overcast, calm, ~60F

Surface Owner: FEDERAL Other(Specify): BLM

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):

At ~4:00 PM on August 22, 2014 a produced water leak was discovered on the Produced Water Distribution and Disposal (PWDD) line to the PCU T335X-11G location. The line was isolated and the affected section drained. Approximate spill volume 1.7 bbls, approximately 0.5 bbls free liquids were removed. Delineation and remediation are in process.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
8/22/2014	Rio blanco County	Mark Sprague	970-878-9584	voicemail left
8/22/2014	BLM WRFO	Justin Wilson	970-878-3825	voicemail left

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 09/02/2014

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	1	1	<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

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

**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): 15 Width of Impact (feet): 2

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 6

How was extent determined?

Visual observation

Soil/Geology Description:

Forelle loam, 3 to 8% slopes

Depth to Groundwater (feet BGS) 100 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>          </u>	None <input checked="" type="checkbox"/>	Surface Water	<u>          </u>	None <input checked="" 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"/>

Additional Spill Details Not Provided Above:

# CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/02/2014

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)

Produced water release was the result of a pin hole leak due to corrosion in the steel line. Free liquids and impacted soils were removed and soil samples (COGCC Table 910-1) were collected, data pending. Upon completion of remediation impacted soils will be disposed of at Wray Gulch Landfill, Meeker, CO.

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

Identified section of line has been permanently removed from service.

Volume of Soil Excavated (cubic yards): 3

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: Jessica Dooling  
Title: Piceance EHS Supervisor Date: 09/02/2014 Email: jessica\_dooling@xtoenergy.com

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

## General Comments

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

Total: 0 comment(s)