

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400719807

Date Received:

10/29/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

438668

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: XTO ENERGY INC	Operator No: 100264	Phone Numbers
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

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/29/2014

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)

Release was result of line failure due to corrosion.

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

affected section of line was removed from service.

Volume of Soil Excavated (cubic yards): 10

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: 10/29/2014 Email: jessica_dooling@xtoenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num**Name**

400719807	FORM 19 SUBMITTED
400719815	OTHER

Total Attach: 2 Files

General Comments**User Group****Comment****Comment Date**

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

Total: 0 comment(s)