

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:

400723445

Date Received:

11/04/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439503

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@wpxenergy.com</u>
Contact Person: <u>Karolina Blaney</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400718440

Initial Report Date: 10/27/2014 Date of Discovery: 10/26/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 35 TWP 6s RNG 94w MERIDIAN 6Latitude: 39.486849 Longitude: -107.853302Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 323908☐ 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? No

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): >=1 and <5Estimated Produced Water Spill Volume(bbl): 0Estimated 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 and drySurface 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):

Water management personnel did not follow company protocol during flowback operations and connected a pump to a wrong water transfer line which resulted in a 2 bbls spill. The contractor immediately stopped the operations and recovered one barrel of the released flowback water. The entire spill was contained on the well pad. None of the fluids left the location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/27/2014	COGCC	Stan Spencer	970-625-2497	initial Form 19
10/27/2014	County	Kirby Wynn	970-625-5905	Email
10/27/2014	Fire Department	Chad Harris	970-625-1243	Email
10/27/2014	Fire Department	Orin Moon	970-625-1243	Email

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 11/04/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	2	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? <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>160</u>		Width of Impact (feet): <u>44</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
By field measurements and mapping with a Trimble GPS unit.			
Soil/Geology Description:			
Nihill channery loam - Channery to very channery loam			
Depth to Groundwater (feet BGS) <u>100</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>1870</u> None <input type="checkbox"/>	Surface Water <u>1435</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>3761</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

Water management personnel did not follow company protocol during flowback operations. They connected a discharge line from one of the pumps to the wrong hardline for an upcoming water transfer. The hardline which the discharge hose was connected to, was open ended which allowed flowback water to flow out of the line and out onto the well pad when the pump was started. When the release was discovered, water management personnel immediately shut down the pump and closed all the necessary valves to prevent any further fluid loss. A vac truck already on location was able to vacuum off any free standing fluids. The entire release was contained within the confines of the well pad. No fluids migrated off the facility. The impacted area is being allowed to dry. It will be sampled for the entire COGCC Table 910-1 analytical suite the week of November 3rd, 2014. Further remedial actions, if warranted, will be based on these results.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 11/04/2014
Cause of Spill (Check all that apply)	<input checked="" type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____
Describe Incident & Root Cause (include specific equipment and point of failure)	
Water management personnel did not follow company protocol during flowback operations. They connected a discharge line from one of the pumps to the wrong hardline for an upcoming water transfer. The hardline which the discharge hose was connected to, was open ended which allowed flowback water to flow out of the line and out onto the well pad when the pump was started.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The personnel responsible for the release will be re-trained on their company protocol prior to and when conducting water transfers. In addition, they will walk the entire line to which their pump is connected to ensure it is the right line.	
Volume of Soil Excavated (cubic yards): _____	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> Other (specify) _____	
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: 11/04/2014 Email: karolina.blaney@wpenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
400723445	FORM 19 SUBMITTED
400723457	AERIAL PHOTOGRAPH

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)