

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:

400723472

Date Received:

11/04/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439504

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# 400719184

Initial Report Date: 10/28/2014 Date of Discovery: 10/28/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 26 TWP 6S RNG 94W MERIDIAN 6Latitude: 39.491832 Longitude: -107.858383Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 323868☐ 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): 0Estimated Flow Back Fluid Spill Volume(bbl): >=5 and <100Estimated 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):

Completion contractor was blowing down and cleaning frac lines into a tank which was already full. This resulted in a 15 bbls frac water spill. 12bbls of fluid was recovered with a vacuum truck. The entire spill was contained on location. None of the fluids left the location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/28/2014	COGCC	Stan Spencer	970-625-2497	Initial Form 19
10/28/2014	County	Kirby Wynn	970-625-5905	Email
10/28/2014	Fire Department	Chad Harris	970-625-1243	Email
10/28/2014	Fire Department	Orin Moon	970-625-1243	Email
10/28/2014	Surface owner		-	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	15	12	<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>114</u>		Width of Impact (feet): <u>65</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>10</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>666</u> None <input type="checkbox"/>	Surface Water <u>305</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>1770</u> None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A completions contractor was blowing down and cleaning some steel remote frac lines. Prior draining the line, they did not check the fluid levels in the storage tank where the water would be displaced into. The contractor didn't realize that the tank was already full prior to blowing down the lines. Therefore the fluids from the frac lines caused the tank to overflow. The frac water flowed out of the top of the tank and out onto the well pad. When the release was discovered, the completions contractor stopped the operations and shut the valve leading to the tank to prevent any further fluid loss from the tank. A vac truck was dispatched to the location and recovered approximately 12 barrels of fluid as noted above. 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)				
<p>A completions contractor was blowing down and cleaning some steel remote frac lines. Prior draining the line, they did not check the fluid levels in the storage tank where the water would be displaced into. The contractor didn't realize that the tank was already full prior to blowing down the lines. Therefore the fluids from the frac lines caused the tank to overflow. The frac water flowed out of the top of the tank and out onto the well pad.</p>				
Describe measures taken to prevent the problem(s) from reoccurring:				
<p>The completions contractor personnel responsible for the release will be re-trained on their company protocol in regards to monitoring tank fluid levels prior to blowing down any lines.</p>				
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
400723472	FORM 19 SUBMITTED
400723478	AERIAL PHOTOGRAPH

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)