

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:

400724622

Date Received:

11/05/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439122

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) 2859573</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# 400696706

Initial Report Date: 09/26/2014 Date of Discovery: 09/26/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 1 TWP 7S RNG 96W MERIDIAN 6Latitude: 39.473321 Longitude: -108.065146Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: CENTRALIZED EP WASTE MGMT FAC ☒ Facility/Location ID No 149015☐ 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): 0Estimated 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 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):

A fitting on a 4" water transfer line failed resulting in a 700 bbls spill of treated produced water. The produced water flowed down an embankment and accumulated around the land farm area. 550 bbls of fluid was recovered with vacuum trucks. The entire spill was contained on location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
9/26/2014	County	Kirby Wynn	970-625-5905	Email
9/26/2014	Fire Department	David Blair	970-285-9119	Email
9/26/2014	COGCC	Stan Spencer	970-625-2497	Initial Form 19

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: 11/05/2014 Email: karolina.blaney@wpenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400724622	FORM 19 SUBMITTED
400724623	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)