

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:

400738112

Date Received:

11/22/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

440118

SPILL/RELEASE REPORT (INITIAL)

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>OXY USA WTP LP</u> | Operator No: <u>66571</u> | Phone Numbers |
| Address: <u>760 HORIZON DR #101</u> | | Phone: <u>(970) 2633651</u> |
| City: <u>GRAND JUNCTION</u> State: <u>CO</u> Zip: <u>81506</u> | | Mobile: <u>(970) 6440014</u> |
| Contact Person: <u>Edward Brotsky</u> | | Email: <u>edward_brotsky@oxy.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400738112

Initial Report Date: 11/21/2014 Date of Discovery: 11/19/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 9 TWP 7S RNG 97W MERIDIAN 6

Latitude: 39.466615 Longitude: -108.225749

Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 335018
 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Rangeland

Weather Condition: Clear, cold

Surface Owner: OTHER (SPECIFY) Other(Specify): Oxy Private

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 approximately 7:00PM Wednesday, (November 19th, 2014) a produced/brine water release occurred when an Oxy contractor was priming frac trucks. One of the hoses was not connected to the pump manifold. When the hoses were opened from the missile to the pumps, approximately 30bbl of produced/brine water was spilled on the ground. Most of the liquid was immediately recovered, but approximately 5bbl was amongst the equipment and unrecoverable.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 11/20/2014 | COGCC | Stan Spencer | 970-625-2497 | None |
| 11/20/2014 | Garfield County | Kirby Wynn | 970-625-5905 | None |

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Edward Brotsky
Title: Environmental Specialist Date: 11/22/2014 Email: edward_brotsky@oxy.com

COA Type

Description

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 400738112 | FORM 19 SUBMITTED |
| 400738221 | AERIAL PHOTOGRAPH |
| 400738222 | TOPOGRAPHIC MAP |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--------|--|---------------------------|
| Agency | Collect and analyze representative soil samples from spill area following completion and demob of frac crew when pad becomes accessible. Submit Supplemental F-19 with analytical results showing cleanup to Table 910-1 standards or an F-27 to assess and remediate. | 11/24/2014 11:25:22 AM |
|--------|--|---------------------------|

Total: 1 comment(s)