

**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:

400772278

Date Received:

01/15/2015

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

159591

## 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>PIONEER NATURAL RESOURCES USA INC</u>	Operator No: <u>10084</u>	<b>Phone Numbers</b>  Phone: <u>(303) 2988100</u> Mobile: <u>( )</u> Email: <u>david.castro@pxd.com</u>
Address: <u>1401 17TH ST STE 1200</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>David Castro</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400768543

Initial Report Date: 01/11/2015 Date of Discovery: 01/10/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR swnw SEC 17 TWP 32s RNG 67w MERIDIAN 6Latitude: 37.259790 Longitude: -104.915580Municipality (if within municipal boundaries): \_\_\_\_\_ County: LAS ANIMAS

#### Reference Location:

Facility Type: WELL ☐ Facility/Location ID No \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-071-09383

#### **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): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 20 bbls produced water

#### **Land Use:**

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: dry, coldSurface Owner: FEEOther(Specify): Donnie and Sandra Ivester

#### **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):

Lease Operator found 2" ball valve on water line open, water ran off location down to the county road. It did not reach waters of the State. Incident is still under investigation.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
1/11/2015	LACOG	Bob Lucero	-	email
1/12/2015	Landowner	Donnie and Sandra Ivester	-	phone

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 01/15/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	20	0	<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, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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>920</u>		Width of Impact (feet): <u>3</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
visual inspection			
Soil/Geology Description:			
on 2A			
Depth to Groundwater (feet BGS) <u>125</u>		Number Water Wells within 1/2 mile radius: <u>3</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>2020</u> None <input type="checkbox"/>	Surface Water <u>490</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs <u>575</u> None <input type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>2285</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

After further investigation, the Watermelon 12-17 well was shut down due to the Cimarron WD being shut down for a bit. The bucket test valve on the wellhead was slightly/partially opened at the time of well shut down to relieve pressure due to a freeze in the pipe. When the Cimarron WD was started back up, the Watermelon 12-17 was restarted as well, but by a different lease operator since the one that had shut the well down was off that day. That Lease Operator engaged the pump and went on to the next well. When the original Lease Operator visited the well on 1/10/15, water was found to be leaking out of the partially opened valve. Produced water pooled on location and ran down the lease road to the intersection with the county road where it stopped.

### CORRECTIVE ACTIONS

#1	Supplemental Report Date:	01/15/2015
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)		
<div style="border:1px solid black; padding:5px; min-height:40px;">Lack of communication among Lease Operators before time off.</div>		
Describe measures taken to prevent the problem(s) from reoccurring:		
<div style="border:1px solid black; padding:5px; min-height:40px;">Valve has been closed and Lease Operators spoken to about communicating better.</div>		
Volume of Soil Excavated (cubic yards): 0		
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): 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: David Castro

Title: Environmental Specialist      Date: 01/15/2015      Email: david.castro@pxd.com

### COA Type

### Description

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### Attachment Check List

Att Doc Num	Name
400772278	FORM 19 SUBMITTED
400772546	TOPOGRAPHIC MAP

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)