

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

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 6

Latitude: 37.259790 Longitude: -104.915580

Municipality (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): 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: 20 bbls produced water

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: dry, cold

Surface Owner: FEE Other(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

FLUIDS	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? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 920 Width of Impact (feet): 3

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

visual inspection

Soil/Geology Description:

on 2A

Depth to Groundwater (feet BGS) 125

Number Water Wells within 1/2 mile radius: 3

If less than 1 mile, distance in feet to nearest Water Well 2020 None Surface Water 490 None

Wetlands _____ None Springs 575 None

Livestock _____ None Occupied Building 2285 None

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) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Lack of communication among Lease Operators before time off.

Describe measures taken to prevent the problem(s) from reoccurring:

Valve has been closed and Lease Operators spoken to about communicating better.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 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

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)