

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:

400784956

Date Received:

02/02/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

440442

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# 400751677

Initial Report Date: 12/14/2014 Date of Discovery: 12/13/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 30 TWP 6S RNG 94W MERIDIAN 6

Latitude: 39.488661 Longitude: -107.931283

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 436318

☐ 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? No

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): >=1 and <5

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Cloudy

Surface 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 buried produced water pipeline failed resulting in a produced water spill. The discovery of the spill occurred when produced water migrated to the surface. The release was discovered by water management personnel when the fluids day lighted at the surface during a water transfer. 1 bbl of released fluid was recovered. The impacted area will be excavated and confirmation samples, for the spill remediation, will be collected at that time. None of the fluids have left the pad.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/14/2014	COGCC	Stan Spencer	970-625-2497	Initial form 19
12/20/2014	County	Kirby Wynn	970-625-5905	Email
12/14/2014	Fire Department	David Blair	970-285-9119	Email
12/14/2014	Landowner	Gillispie	-	Phone call

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: 02/02/2015 Email: karolina.blaney@wpenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400784956	FORM 19 SUBMITTED
400784962	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)