

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

400877620

Date Received:

07/31/2015

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

442659

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: 5205 N O'CONNOR BLVD STE 200		Phone: (719) 846-7898
City: IRVING State: TX Zip: 75039		Mobile: ()
Contact Person: James Roybal		Email: james.roybal@pxd.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400875872

Initial Report Date: 07/29/2015 Date of Discovery: 07/27/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR swne SEC 17 TWP 32s RNG 65w MERIDIAN 6

Latitude: 37.261760 Longitude: -104.694600

Municipality (if within municipal boundaries): County: LAS ANIMAS

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE Facility/Location ID No 427440

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: 25bbls

Land Use:

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

Weather Condition: sunny

Surface Owner: FEE Other(Specify): John Sakariason

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 leak was discovered By PNR personal and called in opertaor to isolate leak of produced water. The spill ran down the lease road through a culvert were it stoped in a meadow. the leak was isolated and repiars were made on 7-28-15 and a break in the 2" poly line was found.The spill ran about 500'.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/27/2015	Land Onwer	John Sakariason	-	In Person on Site
7/28/2015	COGCC	Peter Gintatuas	-	email
7/28/2015	LACOG	Bob Lucero	-	email

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 07/31/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	25	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): 500 Width of Impact (feet): 2

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

How was extent determined?

GPS

Soil/Geology Description:

On Form 2A

Depth to Groundwater (feet BGS) 150 Number Water Wells within 1/2 mile radius: 6

If less than 1 mile, distance in feet to nearest

Water Well	<u>475</u>	None <input type="checkbox"/>	Surface Water	None <input checked="" type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>460</u> None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Upon Repair there was a bad fuse discovered, the break was at the joint

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/31/2015

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)

In adaquit instalation, the leak was at a fuse on poly pipe

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

Proper instalation when line was repaired.

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: _____

OPERATOR COMMENTS:

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

Signed: _____ Print Name: James Roybal
 Title: Construction Compliance Date: 07/31/2015 Email: james.roybal@pxd.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400877620	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)