

State of Colorado
Oil and Gas Conservation Commission

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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 INCOperator No: 10084Address: 5205 N O'CONNOR BLVD STE 200City: IRVINGState: TXZip: 75039Contact Person: James Roybal

Phone Numbers

Phone: (719) 846-7898Mobile: ()Email: james.roybal@pxd.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400875872Initial Report Date: 07/29/2015Date of Discovery: 07/27/2015Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR swne SEC 17 TWP 32s RNG 65w MERIDIAN 6Latitude: 37.261760 Longitude: -104.694600Municipality (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): 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: 25bbls

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: sunnySurface Owner: FEEOther(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 persosnal 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <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>500</u>		Width of Impact (feet): <u>2</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
GPS			
Soil/Geology Description:			
On Form 2A			
Depth to Groundwater (feet BGS) <u>150</u>		Number Water Wells within 1/2 mile radius: <u>6</u>	
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

COA Type

Description

Attachment Check List

Att Doc Num

Name

400877620 FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)