

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400896871

Date Received:

09/09/2015

Spill report taken by:

Spill/Release Point ID:

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
Contact Person: James Roybal		Mobile: ()
		Email: james.roybal@pxd.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400894660

Initial Report Date: 09/02/2015 Date of Discovery: 09/01/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 28 TWP 33S RNG 66W MERIDIAN 6

Latitude: 37.144720 Longitude: -104.792300

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? No

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: 3bbls

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: Sunny

Surface Owner: FEE

Other(Specify): Sam Lopez

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):

Crews discovered water bubbling out of ground and reported. The Line break was isolated and prepped for repair. It is estimated that 3bbls of produced water wre spilled. The Break occured on the access road between the Parson 41-29 and Enterprise 12-28 locations near a culvert, water ran thru the culvert and down the Hillside were it ended. No state water were involved.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/2/2015	COGCC	John Axelson	-	email
9/2/2015	LACOG	Bob Lucero	-	email
9/2/2015	Land Owner	Sam Lopez	-	Phone

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 09/09/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	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>180</u>		Width of Impact (feet): <u>1</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>2</u>	
How was extent determined?			
GPS			
Soil/Geology Description:			
On Form 2A			
Depth to Groundwater (feet BGS) <u>250</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u> </u> None <input checked="" type="checkbox"/>	Surface Water <u>595</u>	None <input type="checkbox"/>
	Wetlands <u> </u> None <input checked="" type="checkbox"/>	Springs <u> </u>	None <input checked="" type="checkbox"/>
	Livestock <u> </u> None <input checked="" type="checkbox"/>	Occupied Building <u>5025</u>	None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

When leak was repaired improper instalation was found, no padding of pioe and damage to pipe was found were lkeak occured

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 09/09/2015
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) Improper instalation was found , pipe was damaged and surunded by rocks.	
Describe measures taken to prevent the problem(s) from reoccurring: Proper repairs and instalation were made	
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): _____	
Volume of Impacted Surface Water Removed (bbls): _____	

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:

Proper repairs and instalation wer made	
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: Enviromental Supervisor	Date: 09/09/2015
Email: james.roybal@pxd.com	

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)