

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

400913701

Date Received:

10/08/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

443443

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: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850	Phone Numbers
Address: PO BOX 370		Phone: (970) 6832295
City: PARACHUTE State: CO Zip: 81635		Mobile: (970) 5890743
Contact Person: Karolina Blaney		Email: karolina.blaney@wpxenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400908010

Initial Report Date: 09/30/2015 Date of Discovery: 09/29/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 28 TWP 5S RNG 97W MERIDIAN 6

Latitude: 39.580595 Longitude: -108.284817

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 335925
 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): 0

Estimated Other E&P Waste Spill Volume(bbl): >=1 and <5 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: pit bottom sludge

Land Use:

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

Weather Condition: warm, sunny

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):

During pit closure activities, a contractor was removing sludge from the pit, utilizing a hydro vac. The contractor opened a valve on the back of the truck to hook up a hose when the load started to spill out. He immediately tried to close the valve but couldn't because a rock had blocked it. Approximately 3 bbls of pit bottom sludge was spilled on location. The spill did not leave the location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/29/2015	Chevron	Craig Tysse	970-623-0418	Verbal
9/30/2015	COGCC	Stan Spencer	970-625-2497	Initial Form 19
9/30/2015	County	Kirby Wynn	970-625-5905	Email
9/30/2015	Fire Department	Nick Marx	970-283-8632	Email

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 10/08/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>3</u>	<u>1</u>	<input type="checkbox"/>

specify: pit bottom sludge

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): 35 Width of Impact (feet): 25

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

How was extent determined?

By field measurements and mapping with a Trimble GPS unit.

Soil/Geology Description:

Parachute-Irigul complex - Channery to stratified extremely channery loam, if presnt, or unweathered bedrock (Uinta Fm.)

Depth to Groundwater (feet BGS) 100 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u> </u>	None <input checked="" type="checkbox"/>	Surface Water	<u>3185</u>	None <input type="checkbox"/>
Wetlands	<u>1170</u>	None <input type="checkbox"/>	Springs	<u>2604</u>	None <input type="checkbox"/>
Livestock	<u> </u>	None <input checked="" type="checkbox"/>	Occupied Building	<u> </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Service company personnel were recovering pit bottoms on the location. One of the field technicians opened a valve on the back of a super sucker truck to connect a hose when the load starting spilling out of the valve. The technician tried to close the valve but could not get it closed completely as a rock prevented full closure of the valve. This allowed the contents of the truck to spill out onto the well pad. In order to stop any further further spillage, the field technician switched the truck onto vacuum to prevent any further loss of material out onto the well pad. The entire release was contained to a small area on the pad surface. Service company personnel were able to recover a majority of the material spilled as noted above. No surface water or groundwater was impacted by the spill. Service company personnel utilized their super sucker trucks to vacuum off the top 3-4 inches of the pad. The bottom of the excavation was field screened and yielded results be low the COGCC Table 910-1 standards of 500 ppm TPH in soil. A confirmation sample was collected and has been submitted to an accredited laboratory for the full Table 910-1 analytical suite. Further remedial actions, if warranted, will be based on these results.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>10/08/2015</u>
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)	
Service company personnel were recovering pit bottoms on the location. One of the field technicians opened a valve on the back of a super sucker truck to connect a hose when the load starting spilling out of the valve. The technician tried to close the valve but could not get it closed completely as a rock prevented full closure of the valve. This allowed the contents of the truck to spill out onto the well pad.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The service company responsible for the spill conducted a safety stand down on-site to evaluate and implement procedural changes to prevent this type of release from occurring in the future.	
Volume of Soil Excavated (cubic yards): _____	
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:

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: 10/08/2015 Email: karolina.blaney@wpenergy.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400913764	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)