

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:

400914385

Date Received:

10/08/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

438420

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>PO BOX 370</u>		Phone: <u>(970) 6832295</u>
City: <u>PARACHUTE</u>	State: <u>CO</u>	Mobile: <u>(970) 5890743</u>
Zip: <u>81635</u>		Email: <u>karolina.blaney@wpxenergy.com</u>
Contact Person: <u>Karolina Blaney</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400653236

Initial Report Date: 07/30/2014 Date of Discovery: 07/29/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 23 TWP 7S RNG 96W MERIDIAN 6

Latitude: 39.427397 Longitude: -108.081514

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

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 334601
☐ 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): >=5 and <100

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: _____

Land Use:

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

Weather Condition: cloudy, warm, muddy

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):

The existing location is under construction for the drilling of additional wells. During excavation of the cellar box, the dirtwork contractor encountered hydrocarbon impacted soil (historical release). Due to the pad size constraints, the excavated soil will be transported to the SG 22-32 well pad (COGCC ID # 334401) where it will be treated with a bio remediation product to decrease the hydrocarbon concentrations to cleanup requirements specified in the COGCC Table 910-1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/29/2014	COGCC	Stan Spencer	970-625-2497	verbal notification
7/30/2014	Landowner		-	Verbal notification
7/30/2014	County	Kirby Wynn	970-625-5905	Email
7/30/2014	Fire Department	David Blair	970-285-9119	Email

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

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

400914388	ANALYTICAL RESULTS
-----------	--------------------

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Environmental	Based on review of information presented, it appears that no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be significantly impacted, then further investigation and/or remediation activities may be required at the site.	10/9/2015 8:10:05 AM
---------------	---	-------------------------

Total: 1 comment(s)