

**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:

400910811

Date Received:

10/03/2015

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

444059

## SPILL/RELEASE REPORT (INITIAL)

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# 400910811Initial Report Date: 10/03/2015Date of Discovery: 10/02/2015Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 33 TWP 32S RNG 65W MERIDIAN 6Latitude: 37.218530 Longitude: -104.681740Municipality (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? No

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): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 2bbls

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: sunnySurface Owner: FEEOther(Specify): Mary Garcia

#### 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 break in the gathering line near the Turbo12-33 well was found. Leak was isolated and it is estimated that 2bbls of produced water were spilled. The leak was on the access road near a culvert and the water did enter waters of the state No live water was involved. The water in this line normally goes to outfall 060A. The leak was isolated and plans for repair and investigation are in process.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 10/2/2015   | Land Owner          | Mary Garcia    | -            | Voice mail      |
| 10/3/2015   | COGCC               | John Axelson   | -            | email           |
| 10/3/2015   | LACOG               | Bob Lucero     | -            | email           |
|             | CDPHE               | Spill Hotline  | -            | Voicemail       |

**OPERATOR COMMENTS:**

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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: 10/03/2015 Email: james.roybal@pxd.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

|           |                 |
|-----------|-----------------|
| 400910812 | TOPOGRAPHIC MAP |
|-----------|-----------------|

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)