

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:

400914507

Date Received:

11/19/2015

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

444059

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>PIONEER NATURAL RESOURCES USA INC</u>	Operator No: <u>10084</u>	Phone Numbers
Address: <u>5205 N O'CONNOR BLVD STE 200</u>		Phone: <u>(719) 846-7898</u>
City: <u>IRVING</u>	State: <u>TX</u>	Zip: <u>75039</u>
Contact Person: <u>James Roybal</u>		Mobile: <u>()</u>
		Email: <u>james.roybal@pxd.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400910811

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

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 33 TWP 32S RNG 65W MERIDIAN 6

Latitude: 37.218530 Longitude: -104.681740

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? 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): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 2bbls

Land Use:

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

Weather Condition: sunny

Surface Owner: FEE Other(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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/09/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	2	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): 395		Width of Impact (feet): 1	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): _____	
How was extent determined?			
GPS and Visual inspection			
Soil/Geology Description:			
Sheet # Madrid, soil complex- SW, soil Name- Molinaro Loam. Taken off of Form 2A			
Depth to Groundwater (feet BGS) 10		Number Water Wells within 1/2 mile radius: 0	
If less than 1 mile, distance in feet to nearest		Water Well 2700 None <input type="checkbox"/>	Surface Water 400 None <input type="checkbox"/>
		Wetlands None <input checked="" type="checkbox"/>	Springs None <input checked="" type="checkbox"/>
		Livestock 2700 None <input type="checkbox"/>	Occupied Building 3270 None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

When leak was repaired it determined that the leak occurred at a spot on the pipe where previous damage had occurred. The section of pipe was removed and replaced. The line was put back into service.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 10/09/2015
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) Inadequate installation or design was determined as cause, the damage on the pipe appeared to be very old	
Describe measures taken to prevent the problem(s) from reoccurring: The section of pipe that was damaged was removed and replaced.	
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: James Roybal

Title: Environmental Supervisor Date: 11/19/2015 Email: james.roybal@pxd.com

COA Type

Description

	Based on review of information presented it appears that no further action is necessary at this time. 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, further investigation and/or remediation activities may be required at the site.
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Attachment Check List

Att Doc Num	Name
400914507	FORM 19 SUBMITTED
400939664	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Returned to draft. Operator to provide comment and documentation to justify closure request.	11/18/2015 9:56:23 AM
Environmental	Operator did not provide justification for closure without sampling or remediating soil. Contacted operator to provide statement and documentation justifying closure.	11/13/2015 11:43:03 AM
Environmental	Returned to draft. Operator to provide additional details to justify closure request.	10/30/2015 9:32:31 AM

Total: 3 comment(s)