

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:

400988208

Date Received:

02/12/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

444704

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# 400984560

Initial Report Date: 02/05/2016 Date of Discovery: 02/02/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 26 TWP 33S RNG 67W MERIDIAN 6Latitude: 37.147830 Longitude: -104.859980Municipality (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? Yes

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): >=100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: Very Cold -1 degreesSurface 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):

Well went down in sub zero temperatures. Water gathering line froze and expanded causing the 2in valve to separate. Gathering water then released and caused a spill of approximately 750bbls of produced water. The spill did enter Waters of the State with live water. The leak was isolated. A call was made to CDPHE hotline. Our envirematl consultants were on site shortly after and collected water samples of the spill at live water and up and down stream samples.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/4/2016	COGCC	Jason Kosola	-	email
2/4/2016	LACOG	Bob Lucero	-	email
2/4/2016	CDPHE	Ann Nedro	-	Spill Hotline
2/4/2016	Landowner	Pioneer Nat. Res.	-	Person

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/12/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	750	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>975</u>		Width of Impact (feet): <u>2</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
GPS and visual inspection			
Soil/Geology Description:			
From the NRCS soil survey map: Lorencito=Sarcillo- Trujillo Complex			
Depth to Groundwater (feet BGS) <u>10</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>3400</u> None <input type="checkbox"/>	Surface Water <u>275</u> None <input type="checkbox"/>
		Wetlands <u>275</u> None <input type="checkbox"/>	Springs <u>3730</u> None <input type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>3500</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

The valve that broke was replaced temporarily with the same type of valve. This valve will be switched out with a freeze resistant valve when we receive them from order. The well has been put back to production and is producing to the production pit with the gathering line isolated from the well head, to prevent freeze from re-occurring until the valve can be replaced.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 02/12/2016
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown	
<input checked="" type="checkbox"/> Other (specify) Sub Zero temperatures	
Describe Incident & Root Cause (include specific equipment and point of failure)	
Freeze occurred in sub zero temperatures on the fuel source causing the skid to go down. this allowed water to freeze in the above ground gathering line at the well head and splitting the valve.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The valve will be replaced with a freeze resistant model	
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:

The day the spill occurred Pioneer Natural Resources had a third party consultant collect water samples of the spill both up and down stream of where the spill entered State Waters. We have not received the analytical results yet, but will submit them when they are received. They will also be submitted with a Form 27 as requested in the COGG field inspection (document number 682600063). As a result of the spill Pioneer Natural Resources was also contacted by the EPA and a field visit was conducted on the 2/6/2016 with their representatives. They collected three water samples and based on verbal information from the EPA the day of the visit, we were informed that they did not anticipate that there would be any follow-up necessary. After submitting and review of the analytical result Pioneer is requesting closure of this spill.

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: 02/12/2016 Email: james.roybal@pxd.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)