

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:

400995679

Date Received:

02/25/2016

Spill report taken by:

Spill/Release Point ID:

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400995679

Initial Report Date: 02/25/2016 Date of Discovery: 02/24/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 32 TWP 31S RNG 65W MERIDIAN 6

Latitude: 37.295940 Longitude: -104.688220

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? Yes

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): >=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: 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):

We had a spill that occurred on the gathering line going to the E. Budd 24-33 well site. The Lease Operator found a break in the gathering line on the access road to the site. The leak was isolated immediately and is being prepped for repair. The leak ran down the lease road to the south entering a meadow then through a culvert headed back north and ended in a dry drainage that was considered Waters of the State with no live water. It is estimated that 400bbls of produced water were spilled. A call was made to the CDPHE Hotline. Water from this spill normally goes to CDPHE permitted outfall #065. The spill occurred on the access road to the referenced site which is in a different section and QTRQTR than the well site.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/24/2016	COGCC	Jason Kosola	-	email
2/24/2016	LACOG	Bob Lucero	-	email
2/24/2016	CDPHE	Greg Stasinos	-	Spill hotline
2/25/2016	Care Taker	Frank Zele	-	email

OPERATOR COMMENTS:

Plans for repairs and investigation are in the process.

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: 02/25/2016 Email: james.roybal@pxd.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400995697	TOPOGRAPHIC MAP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)