

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401011023

Date Received:

03/17/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

445180

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# 401004573

Initial Report Date: 03/13/2016 Date of Discovery: 03/11/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 28 TWP 32S RNG 66W MERIDIAN 6

Latitude: 37.228500 Longitude: -104.779750

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: _____

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 break in a gathering line on the Cervante 43-28 (API 05-071-09234) location that was found by crews in the area. Calls were made and the Lease operator was notified. The leak was isolated when he arrived. Most of the spill remained on the location but a small amount ran about 10' down the access road where it ended. It is estimated that 3bbls of produced water were spilled with No State Waters involved. Plans are being made to repair the line and investigate

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/11/2016	COGCC	Jason Kosola	-	email
3/11/2016	LACOG	Bob Lucero	-	email
3/12/2016	Land Owner	R.G. Costiloe	-	Phone

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/17/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	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? NO Was an Emergency Pit constructed? NO

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

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) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 110 Width of Impact (feet): 2

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

Visual inspection and GPS

Soil/Geology Description:

From the NRCS soil survey map: Gulnare-Allens Park Complex

Depth to Groundwater (feet BGS) 200 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest	Water Well <u>1130</u> None <input type="checkbox"/>	Surface Water <u>1360</u> None <input type="checkbox"/>
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs <u>3500</u> None <input type="checkbox"/>
	Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>1130</u> None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

When repairs were made it was found that the 2" poly line burst from pressure. The Operator had switched the gathering water from going to the pit, too the gathering line. The operator was unfamiliar with the valves at the tie in point and was un-knowingly pumping against a closed valve. The well will remain shut in until the liner in the pit is replaced, the valve configuration is figured out, or a tank is set on location to produce into.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 03/17/2016
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) <div>Operator was unaware of the valve configuration and was pumping against a closed valve when he switched the water from the pit to gathering. This caused the pressure to burst the poly line.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>The well will remain shut in until the production pit is re-lined; the valve configuration is figured out, or a tank is set on location.</div>	
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: Enviromental Supervisor Date: 03/17/2016 Email: james.roybal@pxd.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401011023	FORM 19 SUBMITTED
401011079	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	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.	3/18/2016 7:30:57 AM

Total: 1 comment(s)