

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400999498

Date Received:

03/03/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

444983

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>		Mobile: <u>()</u>
Contact Person: <u>James Roybal</u>		Email: <u>james.roybal@pxd.com</u>

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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 03/03/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>400</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 1500 Width of Impact (feet): 3

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

GPS and visual inspection

Soil/Geology Description:

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

Depth to Groundwater (feet BGS) 50 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>3200</u>	None <input type="checkbox"/>	Surface Water	None <input checked="" type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>2900</u> None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

During the repairs it was found that the leak occurred at a fuse joint on the poly line. Repairs were made to the line and line was pressure tested to 300psi before it was put back into service.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/03/2016

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Inadequate installation was found to be the cause. The leak occurred at a fuse joint on a 2" SDR7 poly line.

Describe measures taken to prevent the problem(s) from reoccurring:

After repairs were made to the line it was pressure tested to 300PSI

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 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: 03/03/2016 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
2099848	ANALYTICAL RESULTS
400999498	FORM 19 SUBMITTED
400999526	ANALYTICAL RESULTS

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Attached analytical results.	3/24/2016 8:27:35 AM
Environmental	Contacted operator to submit soil samples and summary table of analytical results.	3/4/2016 9:53:30 AM

Total: 2 comment(s)