

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:

401082479

Date Received:

07/22/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

446695

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# 401079652

Initial Report Date: 07/18/2016 Date of Discovery: 07/15/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 10 TWP 33S RNG 65W MERIDIAN 6

Latitude: 37.183700 Longitude: -104.662530

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): >=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: Hot 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 was found on 7/15/16 at around 10 AM on the Midway 23-10 (API 05-071-06546) well site. The leak was isolated upon discovery and it appears to be a break in the gathering line at the well head. It is estimated that 5bbls of produced water were spilled with no state waters involved. The spill did leave the location running off of the north side ending before it crossed the lease road

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/15/2016	COGCC	Jason Kosola	-	email
7/15/2016	LACOG	Bob Lucero	-	email
7/15/2016	Land owner	Ed Shanon	-	Two attempts by phone were made

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/22/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	5	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 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>90</u>		Width of Impact (feet): <u>1</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
GPS and Visual inspection			
Soil/Geology Description:			
From the NRCS soil surevy map: Lorencito-Sarcillo-Trujillo Complex			
Depth to Groundwater (feet BGS) <u>100</u>		Number Water Wells within 1/2 mile radius: <u>4</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1060</u> None <input type="checkbox"/>	Surface Water <u>915</u> None <input type="checkbox"/>	
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>1285</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

During Repairs there was a steel 2" T that had a pin hole in it from corrosion

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/22/2016

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)

There was no protective coating on the pipe to protect it from corrosion: Root cause was mechanical failure due to inadequate installation

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

Proper repairs were made with proper installation. a protective coating was added to the pipe.

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: Environmental Supervisor Date: 07/22/2016 Email: james.roybal@pxd.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

2099899	Analytical results
401082479	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Environmental	Attached analytical data.	3/8/2016 7:45:20 AM
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Environmental	Operator is awaiting analytical results from sampling.	7/22/2016 8:04:36 AM
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Total: 2 comment(s)