

# State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401102126

Date Received:

08/31/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

447518

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

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401102126

Initial Report Date: 08/31/2016 Date of Discovery: 08/30/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 2 TWP 33S RNG 66W MERIDIAN 6Latitude: 37.205290 Longitude: -104.743710Municipality (if within municipal boundaries): \_\_\_\_\_ County: LAS ANIMAS

#### Reference Location:

Facility Type: WELL ☐ Facility/Location ID No \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-071-07893

#### 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated 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: hot sunnySurface 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 yesterday 8/30/16 on the Stacie 41-2 well site (API# 05-071-07893). A lease operator was dispatched to site to investigate a leaky well head. When arrived the operator found the packing on the well head to be leaking. The leak was repaired during this time. It is estimated that 3bbls of produced water were spilled. All of the water remained on the location with No state waters involved. The land owner has been notified.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/30/2016	COGCC	Jason Kosola	-	email
8/30/2016	LACOG	Bob Lucero	-	email
8/30/2016	land owner	Dave Gourdin	-	phone call

**OPERATOR COMMENTS:**

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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: 08/31/2016 Email: james.roybal@pxd.com

**COA Type**

**Description**

	Operator shall provide root cause of spill and prevention procedures on Form 19 Subsequent.
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**Attachment Check List**

**Att Doc Num**

**Name**

401102126	FORM 19 SUBMITTED
401102144	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)