

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:

401103303

Date Received:

09/02/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

447516

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# 401100275

Initial Report Date: 08/27/2016 Date of Discovery: 08/26/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 13 TWP 33S RNG 66W MERIDIAN 6

Latitude: 37.165680 Longitude: -104.724170

Municipality (if within municipal boundaries): _____ County: LAS ANIMAS

Reference Location:

Facility Type: PIT Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-071-07478

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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>=5 and <100</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

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 yesterday 8-26-16 at around 11:45 AM by a vendor on the Filly 44-13 well site(API# 05-071-07478). A lease operator was dispatched to the site and found the lined production pit to be leaking, the level in the pit was over the liner and was seeping through the fill slope. The operator isolated the well from the pit and dispatched water trucks to lower the level in the pit. It is estimated that 65bbbls of produced water were spilled. The spill ran to the west and entered a dry drainage that was considered waters of the state with no live water. A call was made to the CDPHE spill hotline.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/26/2016	Land Owner	Doug Taylor	-	Voice mail
8/27/2016	COGCC	Jason Kosola	-	email
8/27/2016	LACOG	Bob Lucero	-	email
8/27/2016	CDPHE	Spill Hotline	-	voicemail

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 09/02/2016

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>65</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): 277 Width of Impact (feet): 3

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

How was extent determined?

GPS and visual inspection

Soil/Geology Description:

From the NRCS soil survey map: Lorencito-Sarcillo complex

Depth to Groundwater (feet BGS) 25 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>0</u>	None <input type="checkbox"/>	Surface Water	<u>190</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>2100</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

This well normally produces to the gathering line and not to the pit. At the time the spill occurred the line was left going to the tank and pit on location and was not monitored causing the spill. Plans to repair the liner are being made and a plan will be implemented to monitor the water level in the tank and pit when in use.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	09/02/2016
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)		
Root cause was determined as Inadequate communication, did not communicate to route personel that the tank setup on the location existed and how to monitor it.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Repaires to the liner will be made and a plan will be implemented to monitor water level in the tank and pit when in use.		
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:

Produced water quality data from the well associated with or representative of the spill is attached. Pioneer and its consulting geochemical specialists have found, after 20 years operating in the Raton Basin CBM field, that soil sampling no longer adds useful data on smaller, short-term spills as land uses and the environment are not sensitive to short-term exposure to CBM produced water. Effects to soil chemistry from short-term CBM produced water spills are temporary and shallow for several reasons: the water does not contain crude oil or liquid hydrocarbons; the TDS is significantly less than 10,000 mg/L; it is suitable for livestock watering, wildlife and in many cases surface discharge. Mixed with other water it is suitable for irrigation without impact. At the agency request Pioneer has requested that soil samples be collected and will supply the results when they are recieved. Pioneer Natural Resources request closure of this spill based on this statement and attached water quality data.

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: 09/02/2016 Email: james.roybal@pxd.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401103315	ANALYTICAL RESULTS
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)