

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:

401118947

Date Received:

09/27/2016

Spill report taken by:

Spill/Release Point ID:

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>XTO ENERGY INC</u>	Operator No: <u>100264</u>	Phone Numbers
Address: <u>PO BOX 6501</u>		Phone: <u>(970) 675-4122</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80155</u>		Mobile: <u>(970) 769-6048</u>
Contact Person: <u>Jessica Dooling</u>		Email: <u>jessica_dooling@xtoenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401118947

Initial Report Date: 09/27/2016 Date of Discovery: 09/26/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 11 TWP 2S RNG 97W MERIDIAN 6

Latitude: 39.891340 Longitude: -108.250970

Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: WELL PAD Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-103-10525

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: clear, calm, ~50F

Surface Owner: FEDERAL 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):

At approximately 6:50 AM on 9/26/2016 it was discovered that a PSV was relieving on PCU T35X-11G3 well. The well was isolated upon arrival at approximately 7:10 AM. Spill was diked and standing liquids removed. Approximately 2.016 bbls of produced water spilled with 0.876 bbls recovered. All contaminated soil was picked up and placed into disposal tote bags. Table 910-1 compliance sampling conducted, data pending.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
9/27/2016	COGCC	Stan Spencer	970-625-2497	Left voicemail
9/27/2016	Rio BLanco County	Lannie Massie	970-878-9586	Discussed release
9/27/2016	BLM WRFO	Tracy Perfors	970-878-3800	Left Voicemail

OPERATOR COMMENTS:

For review by Stan Spencer

Impacted soil will be removed for proper disposal and a Table 910-1 confirmation sample was collected, results pending. Additional information will be submitted in Form 19A.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Jessica Dooling

Title: Piceance EHS Supervisor Date: 09/27/2016 Email: jessica_dooling@xtoenergy.com

COA Type

Description

<u>COA Type</u>	<u>Description</u>

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>
401118964	TOPOGRAPHIC MAP

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)