

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401148146

Date Received:

11/15/2016

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

448284

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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# 401143739

Initial Report Date: 11/06/2016 Date of Discovery: 11/05/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 19 TWP 2S RNG 96W MERIDIAN 6

Latitude: 39.866380 Longitude: -108.209040

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) 05-103-09711

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

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): >=5 and <100

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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: Overcast, ~50F, calm

Surface Owner: FEDERAL Other(Specify): BLM

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 1:00 PM the condensate tank on the PCU F31-19G location was discovered to have a leak within secondary containment. The tank was emptied to halt further release and impacted soil accessible around the tank was removed. Delineation and remediation underway.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/6/2016	BLM	Tracy Perfirs	970-878-3811	voicemail
11/6/2016	Rio Blanco County	Lannie Massey	970-878-9586	voicemail
11/11/2016	COGCC	Stan Spencer	970-625-2891	voicemail

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/14/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	14	14	<input type="checkbox"/>
PRODUCED WATER	0	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? YES 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): 18 Width of Impact (feet): 12

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

How was extent determined?

Visual determination

Soil/Geology Description:

Torriorthents-Rock outcrop complex, 15-90% slope

Depth to Groundwater (feet BGS) 75 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" 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	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Pending tank removal delineation and remediation activities will continue including removal of impacted soils and Table 910-1 compliance sampling. Impacted soils will be removed and disposed of at Wray Gulch Landfill, Meeker, CO. and Table 910-1 compliance samples will be collected. Additional information to follow.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/14/2016

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)

The two peice staggered manway door gasket failed

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

Preventative measures will be determined pending tank removal

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): 0

Volume of Impacted Surface Water Removed (bbls): 0

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: Jessica Dooling
Title: Piceance EHS Supervisor Date: 11/15/2016 Email: jessica_dooling@xtoenergy.com

COA Type Description

COA Type	Description

Attachment Check List

Att Doc Num	Name
401148146	FORM 19 SUBMITTED
401149868	SITE MAP

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Assess nature and extent of contamination with confirmation soil samples. Remediate to Table 910-1 standards and provide documentation in a either a Supplemental F-19 if cleaned up immediately and/or F-27 if extended remediation is required. Documentation must include a figure showing spill area with sample locations plus laboratory results	11/15/2016

Total: 1 comment(s)