

**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:

401164640

Date Received:

12/10/2016

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

448647

## SPILL/RELEASE REPORT (INITIAL)

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: PIONEER NATURAL RESOURCES USA INCOperator No: 10084Address: 5205 N O'CONNOR BLVD STE 200City: IRVINGState: TXZip: 75039Contact Person: James Roybal

#### Phone Numbers

Phone: (719) 846-7898Mobile: ( )Email: james.roybal@pxd.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401164640Initial Report Date: 12/10/2016Date of Discovery: 12/09/2016Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 28 TWP 32S RNG 65W MERIDIAN 6Latitude: 37.235320 Longitude: -104.680690Municipality (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? 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: Freezing at Zero temperaturesSurface 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 the occurred on the Straight Shooter 21-28 well site (API# 05-071-06591). A Lease Operator found the check valve on the 2" above ground gathering line at the well head broken and spilling produced water. The operator isolated the leak, plans for repairs and investigation are being made. It is estimated that 3bbls of produced water were spilled. All of the water remained on location running into the production pit. No State Waters were involved.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/9/2016	COGCC	Jason Kosola	-	email
12/9/2016	LACOG	Bob Lucero	-	email

**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: 12/10/2016 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**

401164640	FORM 19 SUBMITTED
401164641	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)