

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:

401217993

Date Received:

02/28/2017

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.

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

448284

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

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 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 |

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: 10066

OPERATOR COMMENTS:

For review by Stan Spencer

XTO Energy requests Notice of Completion for Form 19 DOC 401143739, Spill ID 448284 Remediation will be completed under Form 27 REM 10066.

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: 02/28/2017 Email: jessica_dooling@xtoenergy.com

COA Type

Description

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------------------------|
| 401217993 | SPILL/RELEASE REPORT(SUPPLEMENTAL) |
| 401222556 | FORM 19 SUBMITTED |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | |
|---------------|---|------------|
| Environmental | Complete assessment and remediation per plan and COA in REM 10066 | 03/01/2017 |
|---------------|---|------------|

Total: 1 comment(s)