

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:

401387126

Date Received:

08/25/2017

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

451918

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: <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>
Contact Person: <u>James Roybal</u>		Mobile: <u>()</u>
		Email: <u>james.roybal@pxd.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401387126

Initial Report Date: 08/25/2017 Date of Discovery: 08/25/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 11 TWP 32S RNG 66W MERIDIAN 6

Latitude: 37.269590 Longitude: -104.754880

Municipality (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): 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: Warm Partly cloudy

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 on the Formula 23-11 (API# 05-071-06986) ROW. A third party contractor was exposing a damaged culvert to replace it with a new one when they damaged a 3"poly water line that was not marked during the locate. It is estimated that 2bbls of produced water were spilled. The water ran about 130' off of the ROW where it ended in a dry drainage that was considered Waters of the State with no live water. The leak was isolated immediately and reported to Pioneer. A Call was made to CDPHE spill hotline. Repairs to the line are being made and the culvert installation will continue.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/24/2017	COGCC	Jason Kosola	-	email
8/24/2017	LACOG	Bob Lucero	-	email
8/24/2017	CDPHE	Ann Nedrow	-	Spill Hotline
8/24/2017	Land Owner	Charlie Hagen	-	phone

OPERATOR COMMENTS:

Repairs were made and plans to move forward with culvert install.
Investigation will follow

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: 08/25/2017 Email: james.roybal@pxd.com

COA Type

Description

	Operator shall provide root cause of spill and prevention procedures on Form 19 Subsequent. Operator shall obtain soil samples from spill location and background location and submit on a Form 19 Subsequent.
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Attachment Check List

Att Doc Num

Name

401387126	SPILL/RELEASE REPORT(INITIAL)
401387151	TOPOGRAPHIC MAP
401388397	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)