

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:

401474070

Date Received:

12/01/2017

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

453140

# 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: BURLINGTON RESOURCES OIL & GAS LP	Operator No: 26580	<b>Phone Numbers</b> Phone: (832) 486-3345 Mobile: (701) 300-2381 Email: jennifer.a.dixon@cop.com
Address: PO BOX 4289		
City: FARMINGTON	State: NM Zip: 87499	
Contact Person: Jennifer Dixon		

## INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401463733

Initial Report Date: 11/18/2017 Date of Discovery: 11/18/2017 Spill Type: Recent Spill

### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 2 TWP 4S RNG 65W MERIDIAN 6

Latitude: 39.728739 Longitude: -104.638767

Municipality (if within municipal boundaries): County: ARAPAHOE

### 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) 05-005-07250

### 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=5 and <100

Estimated Condensate Spill Volume(bbl): 0

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: Produced Water/ Oil Mix

### Land Use:

Current Land Use: CROP LAND Other(Specify):

Weather Condition: Clear/ Dry

Surface Owner: FEE Other(Specify): Prosper Farms

### 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

While conducting flow back operations, crews were performing maintenance which required the manual operation of the water dump. During the maintenance activity, the separator was over filled and sent fluid to the combustor. This resulted in 13.5 barrels of oil overflowing onto the ground and 6 barrels being contained inside the combustor. Vacuum trucks are on location and have recovered the liquid, and transported to disposal. The wells on location are currently shut in to facilitate during the spill remediation and repair to the combustor.

## OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/18/2017	LGD	Diane Kocis	-	
11/18/2017	Propser Farms	Jeff Vogel	-	

#1	Supplemental Report Date: 12/01/2017		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	19	6	<input type="checkbox"/>
CONDENSATE	0	0	<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply)	<input checked="" type="checkbox"/> Soil	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature
Surface Area Impacted:	Length of Impact (feet): <u>30</u>	Width of Impact (feet): <u>15</u>	
	Depth of Impact (feet BGS): <u>2</u>	Depth of Impact (inches BGS): _____	
How was extent determined?			
Impacted soil has been removed			
Soil/Geology Description:			
AdC—Adena-Colby silt loams, 1 to 5 percent slopes, WeB—Weld silt loam, 0 to 3 percent slopes, WrB—Weld-Deertrail silt loams, 0 to 3 percent slopes			
Depth to Groundwater (feet BGS)	<u>18</u>	Number Water Wells within 1/2 mile radius:	<u>3</u>
If less than 1 mile, distance in feet to nearest	Water Well <u>1552</u> None <input type="checkbox"/>	Surface Water <u>5280</u> None <input type="checkbox"/>	
	Wetlands <u>5280</u> None <input type="checkbox"/>	Springs <u>5280</u> None <input type="checkbox"/>	
	Livestock <u>5280</u> None <input type="checkbox"/>	Occupied Building <u>3975</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			
Impacted soil has been removed from location. Excavation is fenced off until soil sampling data demonstrated effective clean up.			

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 12/01/2017
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure) <div>At the time of the spill, the water dump was being actuated manually</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>ESDs will be connected to water dumps so that in the event of a mechanical failure, the well will automatically be shut in.</div>	
Volume of Soil Excavated (cubic yards): 60	
Disposition of Excavated Soil (attach documentation) <input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): 0	
Volume of Impacted Surface Water Removed (bbls): 0	

#2	Supplemental Report Date: 12/01/2017
Cause of Spill (Check all that apply) <input checked="" type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure) <div>Investigation demonstrated that operator inexperience was a key contributor to the extent of the spill.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>ESDs will be connected to water dumps so that in the event of a mechanical failure, the well will automatically be shut in.</div>	
Volume of Soil Excavated (cubic yards): _____	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): _____	
Volume of Impacted Surface Water Removed (bbls): _____	

## 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:

Operator will submit a closure report upon receipt of soil sample analysis and backfill of excavation

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

Signed: \_\_\_\_\_ Print Name: Jennifer Dixon

Title: Regulatory Coordinator Date: 12/01/2017 Email: jennifer.a.dixon@cop.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)