

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/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:

CANFIELD, CHRIS

Spill/Release Point ID:

453140

OPERATOR INFORMATION

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

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

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

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.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 12/01/2017

FLUIDS	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? NO 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): 30 Width of Impact (feet): 15

Depth of Impact (feet BGS): 2 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) 18 Number Water Wells within 1/2 mile radius: 3

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)				
At the time of the spill, the water dump was being actuated manually				
Describe measures taken to prevent the problem(s) from reoccurring:				
ESDs will be connected to water dumps so that in the event of a mechanical failure, the well will automatically be shut in.				
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)				
Investigation demonstrated that operator inexperience was a key contributor to the extent of the spill.				
Describe measures taken to prevent the problem(s) from reoccurring:				
ESDs will be connected to water dumps so that in the event of a mechanical failure, the well will automatically be shut in.				
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

--	--

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)