

**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:

400905492

Date Received:

09/25/2015

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

453342

## 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: 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# 400903752Initial Report Date: 09/23/2015Date of Discovery: 09/21/2015Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 10 TWP 32S RNG 66W MERIDIAN 6Latitude: 37.273880 Longitude: -104.764680Municipality (if within municipal boundaries): \_\_\_\_\_ County: LAS ANIMAS

#### Reference Location:

Facility Type: PIT☐ Facility/Location ID No \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-071-08127

#### 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): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 20bbls

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: sunnySurface Owner: FEEOther(Specify): State of Colorado

#### 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):

A valve was found open sending water to the pit. The valve was shut and water trucks were dispatched to lower water level in the pit. It is estimated that 20bbls of produced water were spilled, most of the water stayed on location but a few bbls ran off the north side of the location. it ran down hill about 150'. No state waters were involved. The water from this well Normally goes to surface discharge at the Milano 116A outfall.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
9/22/2015	COGCC	John Axelson	-	email
9/22/2015	LACOG	Bob Lucero	-	email
9/23/2015	CPW	Mike Smith	719-941-0150	phone

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 09/25/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	20	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, including walls &amp; floor regardless of construction material, 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): 150		Width of Impact (feet): 1	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): _____	
How was extent determined?			
GPS			
Soil/Geology Description:			
On Form 2A			
Depth to Groundwater (feet BGS) 175		Number Water Wells within 1/2 mile radius: 0	
If less than 1 mile, distance in feet to nearest	Water Well 1040	None <input type="checkbox"/>	Surface Water 870
	Wetlands	None <input checked="" type="checkbox"/>	Springs 3523
	Livestock	None <input checked="" type="checkbox"/>	Occupied Building
Additional Spill Details Not Provided Above:			

Valve was found open and was shut when found, water trucks were dispatched and spill was investigated. The well site was visited on 9/18/15 and valve was closed with water going to gathering which normally goes to the Milano 116A outfall.

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 09/25/2015
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) Third party undetermined was determined as root cause	
Describe measures taken to prevent the problem(s) from reoccurring: A lock will be placed on valves goig to pits in this area when not in use	
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:

Locks will be placed on valves going to pit when not in use in this area

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: Enviromental Supervisor Date: 09/25/2015 Email: james.roybal@pxd.com

## COA Type

## Description

	Based on review of information presented it appears that no further action is necessary at this time. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water or vegetation is found to be significantly impacted, further investigation and/or remediation activities may be required at the site.
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## Attachment Check List

Att Doc Num	Name
400905492	SPILL/RELEASE REPORT(SUPPLEMENTAL)

Total Attach: 1 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)