

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:

402190122

Date Received:

09/26/2019

Spill report taken by:

Spill/Release Point ID:

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: XTO ENERGY INC	Operator No: 100264	Phone Numbers
Address: 110 W 7TH STREET		Phone: (970) 675-4089
City: FORTH WORTH	State: TX Zip: 76102	Mobile: (970) 250-4867
Contact Person: Natalie Steiner		Email: natalie_steiner@xtoenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402190122

Initial Report Date: 09/26/2019 Date of Discovery: 09/24/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 3 TWP 1S RNG 98W MERIDIAN 6

Latitude: 39.991140 Longitude: -108.370750

Municipality (if within municipal boundaries): County: RIO BLANCO

Reference Location:

Facility Type: WELL PAD

☐ Facility/Location ID No

Spill/Release Point Name:

☐ No Existing Facility or Location ID No.

Number:

☒ Well API No. (Only if the reference facility is well) 05-103-10401

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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

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

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: Clear

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):

On 9/24/2019 ~3:35 PM a line leak was called into the XTO control room. Operators were immediately dispatched to location. Produced water was coming up through the ground by the produced water disposal line/pig launcher. The line was immediately isolated and locked out. After excavation, a 2" hole was found in the 3" Shawor poly water line. The impacted soil will be properly disposed of. No waters were affected

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/24/2019	COGCC	Alex Fisher	303-894-2100	left messg.
9/24/2019	BLM	Tracy Perfors	970-878-3811	left messg.
9/24/2019	County	Lannie Massey	970-878-9586	left messg.

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

OPERATOR COMMENTS:

For review by Alex Fisher
On 9/24/2019, water bubbling up from the ground was found. Notification was made to XTO control room. Lease operator arrived on site and immediately stop the leak. Impacted soil were excavated for proper disposal. line has been shut in until direction forward is made.
COGCC Table 910-1 compliance samples will be taken

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

Signed: _____ Print Name: Natalie Steiner

Title: SSHE Sr. Technician Date: 09/26/2019 Email: natalie_steiner@xtoenergy.com

COA Type Description

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Attachment Check List

Att Doc Num	Name
402190122	FORM 19 SUBMITTED
402190159	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)