

**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:

400836759

Date Received:

05/07/2015

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

441760

## SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

### OPERATOR INFORMATION

Name of Operator: <u>BURLINGTON RESOURCES OIL &amp; GAS LP</u>	Operator No: <u>26580</u>	<b>Phone Numbers</b>
Address: <u>PO BOX 4289</u>		Phone: <u>(505) 326-9837</u>
City: <u>FARMINGTON</u>	State: <u>NM</u>	Zip: <u>87499</u>
Contact Person: <u>Crystal Tafoya</u>		Mobile: <u>( )</u>
		Email: <u>crystal.tafoya@cop.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400836759

Initial Report Date: 05/07/2015 Date of Discovery: 05/04/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 17 TWP 33n RNG 9w MERIDIAN N

Latitude: 37.105892 Longitude: -107.849997

Municipality (if within municipal boundaries): \_\_\_\_\_ County: LA PLATA

#### Reference Location:

Facility Type: PIPELINE☐ Facility/Location ID No \_\_\_\_\_☒ 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? Yes

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: 29 BBLS PRODUCED WATER

#### Land Use:

Current Land Use: NON-CROP LAND

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

Weather Condition: RAINSurface Owner: OTHER (SPECIFY)Other(Specify): PRIVATE

#### 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):

pipeline corroded allowing 29 bbls of produced water to come to surface and travel approximately 107' down the ROW near a road. Distances - 246' from surface water, no wetlands in area; uildings 683'; livestock 839'. water wells - unknown. depth of shallowest ground water unknown. Response - The pipeline was shuu-in and the area contained. Determined extent of contamination - Visual inspection as well as soil sampling; Further remediation - Will determine after sampling results are available; Describe measures taken to prevent reoccurrence - Pipeline protection.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/4/2015	Landowner	Kooper Saiz	505-320-1275	no worries
5/5/2015	COGCC	Jim Hughes	970-884-0491	Sample and determine path

**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:**

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

Signed: \_\_\_\_\_ Print Name: Patsy Clugston

Title: Staff Regulatory Tech Date: 05/07/2015 Email: Patsy.L.Clugston@conocophillips.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400836759	FORM 19 SUBMITTED
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)