

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:

400731131

Date Received:

11/13/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439809

SPILL/RELEASE REPORT (INITIAL)

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>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>	Phone Numbers
Address: <u>1001 17TH STREET - SUITE #1200</u>		Phone: <u>(970) 285-9377</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 433-8792</u>
Zip: <u>80202</u>		Email: <u>heather.hancock@wpxenergy.com</u>
Contact Person: <u>Heather Hancock</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400731131

Initial Report Date: 11/13/2014 Date of Discovery: 11/13/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 1 TWP 7S RNG 95W MERIDIAN 6

Latitude: 39.470107 Longitude: -107.943220

Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 334706
☐ 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? No

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): >=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: Cold, snowy

Surface Owner: FEE Other(Specify): _____

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):

This spill was caused by human error. An employee left a valve open which caused uncontrolled venting from the well to over pressurize a 300 bbl produced water tank. The entire release was contained within lined SPCC containment. No fluids escaped the containment. 100 % of the volume released was recovered.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/13/2014	COGCC	Stan Spencer	970-625-2497	Initial Form 19
11/13/2014	County	Kirby Wynn	970-625-5905	email
11/13/2014	Fire Department	David Blair	970-285-9119	email
11/13/2014	Surface Owner		-	WPX Energy

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

Signed: _____ Print Name: Heather Hancock

Title: Environmental Specialist Date: 11/13/2014 Email: heather.hancock@wpxenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400731131	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Agency	100% recovered from lined secondary-submit Supplemental F-19 with request for closure	11/14/2014 8:01:12 AM
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Total: 1 comment(s)