

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:

400896765

Date Received:

09/08/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

442390

SPILL/RELEASE REPORT (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: WPX ENERGY ROCKY MOUNTAIN LLC Operator No: 96850 Phone Numbers: (970) 6832295, (970) 5890743 Address: ONE WILLIAMS CENTER - FL 35 City: TULSA State: OK Zip: 74172 Contact Person: Karolina Blaney Email: karolina.blaney@wpxenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400864856

Initial Report Date: 07/08/2015 Date of Discovery: 07/08/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 14 TWP 6S RNG 95W MERIDIAN 6

Latitude: 39.529405 Longitude: -107.961028

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: PIT Facility/Location ID No 279358 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): 0 Estimated Condensate Spill Volume(bbl): 0 Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown 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: warm, rain 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):

During pit closure activities, hydrocarbon impacted soil was discovered on the bottom and walls of the pit. It was estimated that the volume of released produced water exceed 1 bbl. Impacted soil will be excavated and landfarmed on location. The total volume of this release will be estimated when the excavation activities are completed. Remediation #9166.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/8/2015	Surface Owner	Withheld for privacy	-	Email
7/8/2015	COGCC	Stan Spencer	970-625-2497	Initial Form 19
7/8/2015	County	Kirby Wynn	970-625-5905	Email
7/8/2015	Fire Department	David Blair	970-285-9119	Email

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: 9166

OPERATOR COMMENTS:

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

Signed: _____ Print Name: Karolina Blaney

Title: Environmental Specialist Date: 09/08/2015 Email: karolina.blaney@wpxenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400896765	FORM 19 SUBMITTED
400896768	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)