

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

### 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:**

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@wpenergy.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)