

State of Colorado  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

**SPILL/RELEASE REPORT**

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.

Spill report taken by:

FACILITY ID:

**OPERATOR INFORMATION**

|  |                                    |                                     |
|--|------------------------------------|-------------------------------------|
| Name of Operator: <u>OXY USA WTP LP</u>      | OGCC Operator No: <u>66571</u>     | Phone Numbers                       |
| Address: <u>760 Horizon Drive, Suite 101</u> |                                    | No: <u>970-263-3648</u>             |
| City: <u>Grand Junction</u>                  | State: <u>CO</u> Zip: <u>81506</u> | Fax: <u>970-263-3694</u>            |
| Contact Person: <u>Justin Booth</u>          |                                    | E-Mail: <u>justin_booth@oxy.com</u> |

**DESCRIPTION OF SPILL OR RELEASE**

|  |   |   |
|--|---|---|
| Date of Incident: <u>06/10/12</u>  | Facility Name & No.: <u>Logan Wash 28-10 Salt Water Disposal 421296</u>                     | County: <u>Garfield</u>                       |
| Type of Facility (well, tank battery, flow line, pit): <u>Logan Wash 28-10 Salt Water Disposal Facility</u>  |   | QtrQtr: <u>NWSE</u> Section: <u>31</u>        |
| Well Name and Number: <u>NA (Logan Wash 28-10 Salt Water Disposal Facility)</u>  |   | Township: <u>7South</u> Range: <u>97 West</u> |
| API Number: <u>NA</u>  |   | Meridian: <u>6th</u>                          |
| Specify volume spilled and recovered (in bbls) for the following materials:  |   |   |
| Oil spilled: _____   | Oil recov'd: _____  | Water spilled: <u>15 BBL</u>                  |
|  |   | Water recov'd: _____                          |
|  |   | Other spilled: _____                          |
|  |   | Other recov'd: _____                          |
| Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Contained within berm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Area and vertical extent of spill: <u>1700 sq/ft</u> x _____                                |   |
| Current land use: <u>Rangeland</u>   | Weather conditions: _____   |   |
| Soil/geology description: <u>Alluvial Deposit; Silty, sand, and gravel</u>   |   |   |
| IF LESS THAN A MILE, report distance IN FEET to nearest.... Surface water: <u>325'</u> wetlands: <u>na</u> buildings: <u>2540'</u>   |   |   |
| Livestock: <u>&gt;2000'</u> water wells: <u>1076'</u> Depth to shallowest ground water: <u>&gt;50'</u>   |   |   |
| Cause of spill (e.g., equipment failure, human error, etc.): <u>Equipment Failure</u>  |   |   |
| Detailed description of the spill/release incident:  |   |   |
| An Oxy employee arrived at the Logan wash SWD location to monitor its daily operation. He noticed produced water coming form the ground near a buried 6" suction line. He stopped the flow through the line and upon investiagtion found the line developed a leak due to corrosion. |   |   |

**CORRECTIVE ACTION**

Describe immediate response (how stopped, contained and recovered):  
A control valve was immediately closed which stopped the flow of water. The piping was excavated and repairs were made. The released liquids were not recovered but remianed on location.

Describe any emergency pits constructed:  
na

How was the extent of contamination determined:  
Length, width, and depth measurements were taken and then quantity calculated.

Further remediation activities proposed (attach separate sheet if needed):

Describe measures taken to prevent problem from reoccurring:  
Piping repair with plans to replace suction line with corrosion resistant material.

**OTHER NOTIFICATIONS**

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date     | Agency | Contact     | Phone        | Response |
|----------|--------|-------------|--------------|----------|
| 06/19/12 | BLM    | Bob Hartman | 970-244-3041 |          |
|          |        |             |              |          |
|          |        |             |              |          |
|          |        |             |              |          |
|          |        |             |              |          |

Spill/Release Tracking No: \_\_\_\_\_



LT 28-10 Off-Loading Facility (June 10, 2012)

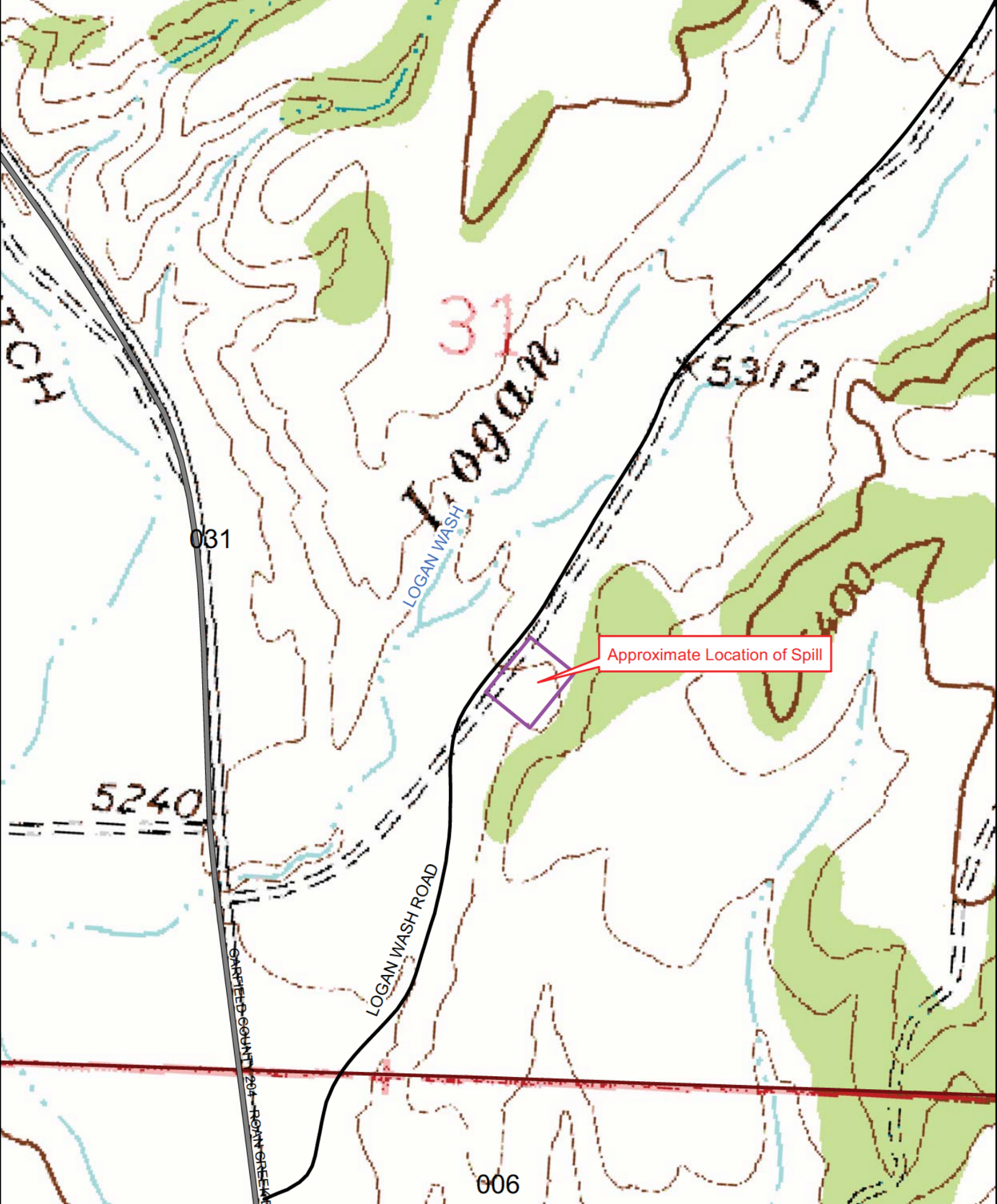
QtrQtr: NWSE

Section: 31

Township: 7S

Range 97W

Meridian: 6th



LT 28-10 Off-Loading Facility (June 10, 2012)

QtrQtr: NWSE

Section: 31

Township: 7S

Range 97W

Meridian: 6th