

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:

400650583

Date Received:

07/25/2014

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

438430

**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>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Operator No: <u>47120</u>	<b>Phone Numbers</b>
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 339-1000</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 339-1452</u>
Contact Person: <u>Paul Schwarz</u>		Email: <u>paul.schwarz@anadarko.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 400650583

Initial Report Date: 07/24/2014 Date of Discovery: 07/22/2014 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SWSW SEC 13 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.221271 Longitude: -104.731100

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

**Reference Location:**

Facility Type: WELL  Facility/Location ID No \_\_\_\_\_  
 No Existing Facility or Location ID No.  
 Well API No. (Only if the reference facility is well) 05-123-07848

**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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>&gt;=1 and &lt;5</u>

Specify: \_\_\_\_\_

**Land Use:**

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: 80 F, SUNNY

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 plug and abandonment operations at the UPRR 22 Pan Am "G" #1 well, approximately 5 bbls of water-based fluids used in the plug and abandonment process surfaced off the well pad. A vacuum truck was utilized to recover approximately 4 bbls of the released fluid. The impacted soil will be excavated and hauled to a licensed disposal facility. Confirmation soil samples will be collected from the excavation. The excavation will be backfilled with clean fill soil. A topographic Site Location Map showing the general location of the release is attached as Figure 1. The analytical results and excavation details will be provided in a supplemental report.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/22/2014	County/Municipality	Tom Parko	--email	
7/22/2014	County/Municipality	Roy Rudisill	--email	

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

Signed: \_\_\_\_\_ Print Name: Paul Schwarz  
Title: HSE Representative Date: 07/25/2014 Email: paul.schwarz@anadarko.com

**COA Type**

**Description**

<u>COA Type</u>	<u>Description</u>

**Attachment Check List**

**Att Doc Num**

**Name**

400650583	FORM 19 SUBMITTED
400650618	TOPOGRAPHIC MAP
400650619	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)