

**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:

400703360

Date Received:

10/08/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439249

## 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>OXY USA WTP LP</u>	Operator No: <u>66571</u>	<b>Phone Numbers</b>
Address: <u>760 HORIZON DR #101</u>		Phone: <u>(970) 2633648</u>
City: <u>GRAND JUNCTION</u>	State: <u>CO</u>	Mobile: <u>(970) 8127738</u>
Zip: <u>81506</u>		Email: <u>justin_booth@oxy.com</u>
Contact Person: <u>Justin Booth</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400703360

Initial Report Date: 10/07/2014      Date of Discovery: 10/04/2014      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 29 TWP 6S RNG 97W MERIDIAN 6Latitude: 39.489190 Longitude: -108.248070Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE ☒ Facility/Location ID No 417559☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

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

#### Land Use:

Current Land Use: OTHER Other(Specify): RangelandWeather Condition: ClearSurface Owner: OTHER (SPECIFY) Other(Specify): Oxy Private

#### 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):

At approximately 11:30AM Sunday, October 5th, 2014, a release of produced water from a corroded piece of piping on the filter pot manifold assembly at the Oxy Central Water Handling Facility was discovered. The piping had lined secondary containment that held a majority of the spilled produced water. However, the secondary containment's capacity was reached and a portion of the produced water continued onto the working surface of the location. Oxy investigated and quantified the release at ~31 bbls of produced water. Oxy recovered ~ 24 bbls of produced water and estimates that the remaining ~7bbls was absorbed into the location's surface. The leak and subsequent release was contained within the Centralized Water Handling facility boundary. The spilled liquids were removed from the secondary containment via vac truck immediately after the discovery.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/6/2014	COGCC	Stan Spencer	970-6252497	none
10/6/2014	Garfield County	Kirby Wynn	970-6255905	none

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

Signed: \_\_\_\_\_ Print Name: Justin Booth  
Title: HES Ops Advisor Date: 10/08/2014 Email: justin\_booth@oxy.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400703360	FORM 19 SUBMITTED
400703543	AERIAL PHOTOGRAPH
400703544	TOPOGRAPHIC MAP

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Agency	Supplemental F-19 required with lab data to confirm cleanup to Table 910-1 standards.	10/9/2014 8:32:45 AM
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Total: 1 comment(s)