

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:

400706379

Date Received:

10/13/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439308

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>	Phone Numbers
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# 400706379

Initial Report Date: 10/13/2014 Date of Discovery: 10/10/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 29 TWP 6S RNG 97W MERIDIAN 6Latitude: 39.489549 Longitude: -108.247387Municipality (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: clear, coolSurface 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 12:00PM on October 10th, 2014 Oxy's Central Water Handling Facility initiated a transfer of produced water to the Oxy Pond 10 location via an poly line. Approximately 5 minutes into the transfer an opening where the poly line is routed underground for a short distance was discovered and a release of produced water was occurring. All pumps were immediately shutdown and the transfer stopped. Oxy investigated and estimate the release as approximately 70-80 bbls of produced water. Oxy dispatched a vac truck to the location that recovered approximately 4 bbls of free liquids. The release traveled slightly beyond the boundaries of the location to other land owned by Oxy. There were no impacts to any waters of the State. Soils where the release occurred are to be sampled and, if necessary based on the soil analyses, a remediation plan will be developed and implemented.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/11/2014	COGCC	Stan Spencer	-	none
10/11/2014	Garfield County	Kirby Wynn	-	reply via email

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: 10/13/2014 Email: justin_booth@oxy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400706379	FORM 19 SUBMITTED
400706599	AERIAL PHOTOGRAPH
400706601	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

Agency	If followup confirmation sampling indicates compliance with Table 910-1 standards, submit results as a Supplemental F-19 with "Request for Closure". If extensive assessment and/or cleanup is warranted, submit an F-27 plan to investigate and remediate spill.	10/14/2014 4:37:06 PM
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Total: 1 comment(s)