

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:

400709021

Date Received:

10/15/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439249

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>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@gmail.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

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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/15/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	31	24	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 160 Width of Impact (feet): 4

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 3

How was extent determined?

The released fluids within secondary containment were removed by a vac truck which gauged the liquid once it was loaded. The fluids that spilled out of containment left a visible spill path on the surface of the location. Dimensions from that spill trail were inputted into an Oxy spill calculator to quantify the released produced water.

Soil/Geology Description:

Happle very channery sandy loam, 3 to 12 percent slopes.

Depth to Groundwater (feet BGS) 80 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest

Water Well	<u>156</u>	None <input type="checkbox"/>	Surface Water	<u>300</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>2240</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 10/15/2014
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure)	
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 suffered two 1/4" pinhole leaks underneath piping insulation. 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.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The corroded piping was welded to seal the area around the pinholes. All uncoated piping with the filter pot manifold assembly will be replaced with corrosion resistant (coated steel) or non-corrodible material.	
Volume of Soil Excavated (cubic yards): 0	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): 0	
Volume of Impacted Surface Water Removed (bbls): 0	

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: _____

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: 10/15/2014 Email: justin_booth@gmail.com

Attachment Check List

Att Doc Num	Name
400709067	AERIAL PHOTOGRAPH
400709069	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)