

**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:

400709367

Date Received:

10/20/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

439308

## 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>	<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# 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**

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

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 10/16/2014		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	52	4	<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): 240 Width of Impact (feet): 3

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined? \_\_\_\_\_

The output flow rate of the Oxy pumps (3.5 bbl/minute) was combined with the pump time(15 total run minutes between 2 pumps) to give an estimated quantity released.

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>303</u>	None <input type="checkbox"/>	Surface Water	<u>        </u>	None <input checked="" type="checkbox"/>
Wetlands	<u>        </u>	None <input checked="" type="checkbox"/>	Springs	<u>        </u>	None <input checked="" type="checkbox"/>
Livestock	<u>        </u>	None <input checked="" type="checkbox"/>	Occupied Building	<u>2280</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 10/16/2014
Cause of Spill (Check all that apply) <input checked="" type="checkbox"/> Human Error <input 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)	
<div>Oxy's Central Water Handling Facility initiated a transfer of produced water to the Oxy Pond 10 location via an 6"poly line. Approximately 10 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 54 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.</div>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<div>The pipeline was temporarily removed from service. The opening in the piping was corrected. The pipeline will undergo a fresh water, hydrostatic test prior to be returned to service.</div>	
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: 10/20/2014 Email: justin\_booth@oxy.com

### COA Type

### Description

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## Attachment Check List

Att Doc Num	Name
400709367	FORM 19 SUBMITTED
400709388	AERIAL PHOTOGRAPH
400709393	TOPOGRAPHIC MAP

Total Attach: 3 Files

## General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)