

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

400870956

Date Received:

07/21/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

438430

## 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>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) 336-3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 336-3500</u>
Zip: <u>80217-3779</u>		Email: <u>Phil.Hamlin@Anadarko.com</u>
Contact Person: <u>Phillip Hamlin</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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): >=1 and <5

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**

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

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 07/21/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	5	4	<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): 40 Width of Impact (feet): 15

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): 6

How was extent determined?

The excavation soil sampling results and proposed subsurface assessment activities are summarized in the attached Form 27.

Soil/Geology Description:

Silty Sand and Clayey Sand.

Depth to Groundwater (feet BGS) 5 Number Water Wells within 1/2 mile radius: 16

If less than 1 mile, distance in feet to nearest

Water Well	<u>1025</u>	None <input type="checkbox"/>	Surface Water	<u>715</u>	None <input type="checkbox"/>
Wetlands	<u>500</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>950</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A Form 27 is attached.

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 07/21/2015
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Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident & Root Cause (include specific equipment and point of failure)

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 of the well pad. A temporary berm was constructed to contain the released fluid. A vacuum truck was used to recover approximately 4 bbls of the released fluid from within the temporary berm.

Describe measures taken to prevent the problem(s) from reoccurring:

Circulating down the surface casing will be limited.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment  
☐ 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: \_\_\_\_\_

## OPERATOR COMMENTS:

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

Signed: \_\_\_\_\_ Print Name: Phillip Hamlin

Title: Sr. HSE Representative Date: 07/21/2015 Email: Phil.Hamlin@Anadarko.com

## Attachment Check List

Att Doc Num	Name
400870962	TOPOGRAPHIC MAP
400870964	OTHER
400870980	OTHER

Total Attach: 3 Files

## General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)