

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400872513

Date Received:

07/22/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

441603

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 INC</u>	Operator No: <u>66561</u>	Phone Numbers
Address: <u>760 HORIZON DR #101</u>		Phone: <u>(970) 263-3637</u>
City: <u>GRAND JUNCTION</u>	State: <u>CO</u>	Mobile: <u>(970) 640-6919</u>
Zip: <u>81506</u>		Email: <u>blair_rollins@oxy.com</u>
Contact Person: <u>Blair Rollins</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400830028

Initial Report Date: 04/23/2015 Date of Discovery: 04/23/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 14 TWP 9s RNG 94w MERIDIAN 6

Latitude: 39.280848 Longitude: -107.846308

Municipality (if within municipal boundaries): _____ County: MESA

Reference Location:

Facility Type: GAS GATHERING SYSTEM ☒ Facility/Location ID No 412237

☐ 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): 0

Estimated Condensate Spill Volume(bbl): >=5 and <100

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: Sunny

Surface Owner: FEE Other(Specify): Brush Creek Ranch

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 12:30PM on Thursday (April 23, 2015) an Oxy employee discovered a leak below the lined secondary containment at the Brush Creek Compressor Station. Based on the spill footprint and recovered liquid, it appears that the release is greater than 100 barrel outside of secondary containment. Approximately 4 barrels of free liquids were being removed from the spill area and reintroduced into Oxy's liquid handling system. No holes were identified in the tanks during removal and inspection. The result of the spill is under investigation and will be reported to the COGCC as soon as it is available.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
4/29/2015	COGCC	Carlos Lujan	-	Notification email sent
4/11/2015	Mesa County	Andrew Martsoff	-	Notification email sent
4/24/2015	Surface Owner	Gary Hanson	-	Voicemail left

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: Blair Rollins

Title: HES Specialist Date: 07/22/2015 Email: blair_rollins@oxy.com

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)