

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:

400877072

Date Received:

07/31/2015

Spill report taken by:

Spill/Release Point ID:

### SPILL/RELEASE REPORT (INITIAL /w 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) 335-3600</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1238</u>
Contact Person: <u>Sam LaRue</u>		Email: <u>Sam.LaRue@anadarko.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400877072

Initial Report Date: 07/30/2015 Date of Discovery: 07/28/2015 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 22 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.213796 Longitude: -104.766789

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 336310  
 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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

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

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: 90's, 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



Silty clay.

Depth to Groundwater (feet BGS) 6

Number Water Wells within 1/2 mile radius: 13

If less than 1 mile, distance in feet to nearest

Water Well 1260 None

Surface Water 4180 None

Wetlands \_\_\_\_\_ None

Springs \_\_\_\_\_ None

Livestock 1735 None

Occupied Building 1800 None

Additional Spill Details Not Provided Above:

Prior to backfilling the excavation area, approximately 264 pounds of activated carbon were introduced to the groundwater table to mitigate remaining hydrocarbon impacts in the groundwater. Soil and groundwater analytical results are summarized in Table 1 and Table 2, respectively, and sample locations are illustrated in Figure 2.

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/30/2015

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 routine inspections, surface staining was discovered near the partially buried water sump. Upon further investigation, a small hole in associated piping was discovered.

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

The affected piping will be replaced.

Volume of Soil Excavated (cubic yards): 650

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): 130

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: Sam LaRue

Title: Senior HSE Representative Date: 07/31/2015 Email: Sam.LaRue@anadarko.com

## Attachment Check List

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400877093	TOPOGRAPHIC MAP
400877137	FORM 19 SUBMITTED
400877493	SITE MAP
400877619	ANALYTICAL RESULTS

Total Attach: 4 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)