

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400889594

Date Received:

08/27/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

442198

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 & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 336-3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 515-1161</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# 400851746

Initial Report Date: 06/10/2015 Date of Discovery: 06/10/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 35 TWP 4N RNG 67W MERIDIAN 6Latitude: 40.273035 Longitude: -104.855095Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 332574☐ 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): 0Estimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Historical release - Volume of the release is unknown

Land Use:

Current Land Use: OTHEROther(Specify): Tank BatteryWeather Condition: Sunny, 90 degrees FSurface 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):

Following construction activities at the HSR-Sharkey-64N67W/35SWNE tank battery, petroleum hydrocarbon impacted groundwater was encountered beneath the produced water sump. There were no indications that the dumphines or produced water sump were leaking. The volume of the release is unknown. Groundwater was encountered in the excavation at approximately 3 feet bgs. One groundwater sample was collected and submitted for laboratory analysis of BTEX. Laboratory analytical results received on June 10, 2015, indicated that the benzene concentration exceeded the CGWQS at a concentration of 66.5 µg/L. The groundwater analytical results are summarized in Table 1. On June 10, 2015, 50 lbs. of COGAC, a carbon-based bioremediation product were applied to the open excavation. A topographic Site Location Map showing the general location of the release is attached as Figure 1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/10/2015	County/Municipality	Tom Parko	-Email	
6/10/2015	Town of Milliken	Martha Perkins	-Email	
6/10/2015	County/Municipality	Roy Rudisill	-Email	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/27/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" type="checkbox"/>
PRODUCED WATER			<input checked="" 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
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) <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>15</u>		Width of Impact (feet): <u>15</u>	
Depth of Impact (feet BGS): <u>4</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Please refer to the previously submitted Form 19 Supplemental.			
Soil/Geology Description:			
Well graded gravely sands with inclusions of clay layers.			
Depth to Groundwater (feet BGS) <u>3</u>		Number Water Wells within 1/2 mile radius: <u>13</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>215</u> None <input type="checkbox"/>	Surface Water <u>940</u> None <input type="checkbox"/>
		Wetlands <u>120</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock <u>1400</u> None <input type="checkbox"/>	Occupied Building <u>1910</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

Please refer to the previously submitted Form 19 Supplemental. A Form 27 and Sump Excavation Letter Report are attached.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	08/27/2015
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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)

Please refer to the previously submitted Form 19 Supplemental.

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

Please refer to the previously submitted Form 19 Supplemental.

Volume of Soil Excavated (cubic yards): 34

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 5

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: 9231

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: 08/27/2015 Email: Phil.Hamlin@Anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
400889594	FORM 19 SUBMITTED
400889603	OTHER
400889605	TOPOGRAPHIC MAP
400889619	ANALYTICAL RESULTS
400890945	OTHER
400891555	OTHER

Total Attach: 6 Files

General Comments

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

Total: 0 comment(s)