

**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:

400890860

Date Received:

08/28/2015

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

442969

## 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) 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# 400887809

Initial Report Date: 08/20/2015      Date of Discovery: 08/19/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 13 TWP 2N RNG 65W MERIDIAN 6Latitude: 40.140340 Longitude: -104.614700Municipality (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) 05-123-32949

#### **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): >=5 and <100Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Approximately 5 bbls of condensate and 110 bbls of produced water were released.

#### **Land Use:**

Current Land Use: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: 85 Degrees F, SunnySurface 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):

A release from the UPRR X13-06 wellhead occurred when a tractor and implement struck and compromised the wellhead. Approximately 5 bbls of condensate and 110 bbls of produced water were released onto the ground surface. Excavation activities are ongoing at the site. Confirmation soil samples will be collected from the excavation and will be submitted for laboratory analysis of TPH, BTEX, pH, EC, and SAR (if applicable). The analytical results and excavation details will be provided in a supplemental report. A topographic Site Location Map depicting 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
8/19/2015	Landowner	Landowner	-Verbally	
8/19/2015	Weld County	Roy Rudisil	-Phone	
8/21/2015	Weld County	Troy Swain	-Phone	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 08/28/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	5		<input checked="" type="checkbox"/>
PRODUCED WATER	110		<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>			
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 640		Width of Impact (feet): 295	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Excavation activities are ongoing at the site. Confirmation soil samples will be collected from the excavation and release area and will be submitted for laboratory analysis of TPH, BTEX, pH, EC, and SAR (if applicable). The analytical results and excavation details will be provided in a supplemental report.			
Soil/Geology Description:			
Fine grain sand, trace clay.			
Depth to Groundwater (feet BGS) 7		Number Water Wells within 1/2 mile radius: 12	
If less than 1 mile, distance in feet to nearest	Water Well 390	None <input type="checkbox"/>	Surface Water 500
	Wetlands 500	None <input type="checkbox"/>	Springs _____
	Livestock 680	None <input type="checkbox"/>	Occupied Building 560
Additional Spill Details Not Provided Above:			

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 08/28/2015
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>A release from the UPRR X13-06 wellhead occurred when a tractor and implement struck and compromised the wellhead. Approximately 5 bbls of condensate and 110 bbls of produced water were released onto the ground surface.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>The wellhead will be repaired and protective fencing will be reinstalled.</div>	
Volume of Soil Excavated (cubic yards): _____	
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): _____	
Volume of Impacted Surface Water Removed (bbls): _____	

## 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: 08/28/2015 Email: Phil.Hamlin@Anadarko.com

## COA Type

## Description

--	--

## Attachment Check List

Att Doc Num	Name
400890860	FORM 19 SUBMITTED
400891960	TOPOGRAPHIC MAP

Total Attach: 2 Files

## General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)