

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> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1161</u>
Contact Person: <u>Phillip Hamlin</u>		Email: <u>Phil.Hamlin@Anadarko.com</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 6

Latitude: 40.140340 Longitude: -104.614700

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) 05-123-32949

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

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

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

Specify: 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, 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



## 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)			
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.			
Describe measures taken to prevent the problem(s) from reoccurring:			
The wellhead will be repaired and protective fencing will be reinstalled.			
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:

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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

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## 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

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Total: 0 comment(s)