

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

400895936

Date Received:

09/10/2015

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 & 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# 400895936

Initial Report Date: 09/04/2015 Date of Discovery: 04/10/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 34 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.090352 Longitude: -104.882153

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 317562

☐ 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): Unknown

Estimated Condensate Spill Volume(bbl): 0

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: 50 degrees

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

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

On April 10, 2014, during tank battery plugging and abandonment activities, historical petroleum hydrocarbon impacts were encountered beneath the produced water sump. There were no indications that the dump lines, water tank, or fittings were leaking. The volume of the release is unknown. The Form 19 was originally submitted to the COGCC on April 21, 2014. See attached.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|--------------|--------------|---------|----------|
| 4/11/2014 | County | Tom Parko | --Email | |
| 4/11/2014 | County | Roy Rudisill | --Email | |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|---|--------------------------------------|--|--|
| #1 | Supplemental Report Date: 09/04/2015 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | | | <input checked="" type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input 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> | | | |
| <i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i> | | | |
| 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 checked="" 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>35</u> | |
| Depth of Impact (feet BGS): <u>5</u> | | Depth of Impact (inches BGS): <u>0</u> | |
| How was extent determined? | | | |
| See details presented in the original Form 19 submitted to the COGCC on 4/21/2015. | | | |
| Soil/Geology Description: | | | |
| Silt with sand. | | | |
| Depth to Groundwater (feet BGS) <u>4</u> | | Number Water Wells within 1/2 mile radius: <u>62</u> | |
| If less than 1 mile, distance in feet to nearest | | Water Well <u>1240</u> None <input type="checkbox"/> | Surface Water <u>130</u> None <input type="checkbox"/> |
| | | Wetlands <u></u> None <input checked="" type="checkbox"/> | Springs <u></u> None <input checked="" type="checkbox"/> |
| | | Livestock <u></u> None <input checked="" type="checkbox"/> | Occupied Building <u>400</u> None <input type="checkbox"/> |
| Additional Spill Details Not Provided Above: | | | |
| | | | |

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: Senior HSE Representative Date: 09/10/2015 Email: Phil.Hamlin@anadarko.com

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------|
| 400895977 | OTHER |
| 400895979 | FORM 19 SUBMITTED |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)