

**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:

400895936

Date Received:

09/10/2015

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

443193

## 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) 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 6Latitude: 40.090352 Longitude: -104.882153Municipality (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): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated 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): 0

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

#### Land Use:

Current Land Use: NON-CROP LAND

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

Weather Condition: 50 degreesSurface 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		
<b>FLUIDS</b>	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>			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<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 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): _____	
How was extent determined?			
See details presented in the original Form 19 submitted to the COGCC on 4/21/2014.			
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 _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ 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: 9246

### 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

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

400895936	FORM 19 SUBMITTED
400895977	OTHER

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

Environmental	Matt Sura contacted COGCC on 21 August 2015 asking if this spill had been reported and provided a form 19 and form 27 with respect to this spill that had been provided to him by a landowner. The original form 19 appears to have been emailed to COGCC on 21 April 2014 but either was not received or was not entered into COGCC database at that time. COGCC staff requested that the operator enter the spill in the eforms form 19 now in use to enable better tracking of the spill.	9/14/2015 6:01:32 AM
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Total: 1 comment(s)