

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400917204

Date Received:

10/16/2015

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

443523

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>(720) 929.4306</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>()</u>
Contact Person: <u>Erik Mickelson</u>		Email: <u>erik.mickelson@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400913284

Initial Report Date: 10/07/2015 Date of Discovery: 10/07/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 5 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.173799 Longitude: -104.797669

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

Reference Location:

Facility Type: PIPELINE Facility/Location ID No 328886
 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): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

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

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: Partly cloudy, 65 degrees F

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):

While performing construction activities, historical petroleum hydrocarbon impacts were encountered. The volume of the release is unknown. The impacts were determined to be reportable based on the volume of hydrocarbon impacted soils removed from the location. The impacted soils were removed from the site and hauled to the licensed Kerr-McGee Land Treatment Facility for processing. 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
10/7/2015	Weld County	Roy Rudisill	-email	
10/7/2015	Weld County	Troy Swain	-email	
10/7/2015	Weld County	Tom Parko	-email	
10/7/2015	landowner	landowner	-mail	

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 10/14/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: Historical release

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 107 Width of Impact (feet): 73

Depth of Impact (feet BGS): 21 Depth of Impact (inches BGS): 252

How was extent determined?

The extent of impacts was determined by collecting soil samples (SS-1 through SS-25) from the sidewalls and base of the excavation footprint. The excavation was progressively expanded both laterally and vertically to reach the extent of impacts, as indicated by laboratory analytical results. Soil sample (SS) locations SS-1 through -16, -18, -21B, and -22 through -25 were below COGCC Table 910-1 allowable concentrations. Soil sample locations SS-17, -19, -20, and -21 exceeded Table 910-1 allowable concentrations, but were within the interior of the excavation. Laboratory analytical results from soil samples collected from the excavation sidewalls and base were below Table 910-1 allowable concentrations. The regional site location is provided as Figure 1. Laboratory analytical results are included in the attached Table 1.

Soil/Geology Description:

Site geology includes sandy clay.

Depth to Groundwater (feet BGS) 262 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest Water Well 1800 None Surface Water 1270 None

Wetlands 315 None Springs _____ None

Livestock 1300 None Occupied Building 550 None

Additional Spill Details Not Provided Above:

Following further excavation activities, the dumphine that had leaked, thus causing the historical release, was decomissioned. Soil samples collected from the base and perimeter sidewalls of the excavation were below COGCC Table 910-1 allowable concentrations of contaminants of concern. In addition to the Form 19-Initial notifications (List Agencies and Other Parties section), Richard Hein (landowner) has been contacted via certified mail.

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:

Submitted on behalf of Erik Mickelson.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Erik Mickelson

Title: Senior HSE Representative Date: 10/16/2015 Email: erik.mickelson@anadarko.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400918975	TOPOGRAPHIC MAP
400919408	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)