

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400924402

Date Received:

10/29/2015

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>(970) 515.1238</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-3779</u>
Contact Person: <u>Sam LaRue</u>		Mobile: <u>()</u>
		Email: <u>Sam.LaRue@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 6Latitude: 40.173799 Longitude: -104.797669Municipality (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 <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated 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: Partly cloudy, 65 degrees FSurface 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: 10/26/2015		
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: 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): _____

How was extent determined?

Between September 30, 2015 and October 14, 2015, soil samples (SS) SS1 through SS25 were collected from the sidewalls, and base of the excavation at the Bluffs White W-62N66W/5NWNE production facility (note that in the Initial Spill/Release Report tab, "pipeline" was inaccurately referenced for the facility type). Soil samples were submitted to Origins Laboratory in Denver, Colorado for analysis of benzene, toluene, ethylbenzene, total xylenes (BTEX), total petroleum hydrocarbons (TPH) – gasoline range organics (GRO) by USEPA Method 8260C, TPH – diesel and oil range organics (DRO and ORO) by USEPA 8015, electrical conductivity (EC), and pH. Laboratory analytical results indicated that TPH, BTEX, and EC levels were less than or within COGCC Table 910-1 allowable levels at the excavation extent. Six (6) soil samples exceeded COGCC Table 910-1 allowable levels for pH, but were below the designated root zone of three feet. Approximately 1,200 cubic yards of impacted material was excavated and transported to the Kerr-McGee Land Treatment Facility in Weld County, Colorado for disposal. The general site layout, excavation dimensions, and soil sample locations are shown on the Excavation Site Map provided as Figure 2. A summary of the laboratory analytical results is included as Table 1 and laboratory analytical reports are attached.

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	<input type="checkbox"/>	Surface Water	1270	None	<input type="checkbox"/>
	Wetlands	315	None	<input type="checkbox"/>	Springs		None	<input checked="" type="checkbox"/>
	Livestock	1300	None	<input type="checkbox"/>	Occupied Building	550	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

During the excavation activities, a dumpline with a suspected release was removed. Laboratory analytical results from the soil samples collected from the base and excavation extents, indicate that TPH, BTEX, pH, and EC concentrations were within the COGCC Table 910-1 allowable levels. Based on the confirmation soil sample analytical results, Kerr-McGee is requesting a No Further Action (NFA) status for this release.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/26/2015

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Hydrocarbon impacts were encountered during construction activities associated with the removal/decommissioning of a produced water sump at the facility. A dumpline with a suspected leak, encountered during excavation activities, was removed.

Describe measures taken to prevent the problem(s) from reoccurring:

At this facility, the dumpline and associated adjoining equipment, were removed/decommissioned.

Volume of Soil Excavated (cubic yards): 222

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ 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: Sam LaRue
Title: Senior HSE Representative Date: 10/29/2015 Email: Sam.LaRue@anadarko.com

COA Type

Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400924402	FORM 19 SUBMITTED
400924572	TOPOGRAPHIC MAP
400924820	SITE MAP
400924822	ANALYTICAL RESULTS
400924828	ANALYTICAL RESULTS

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)