

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:

400927000

Date Received:

10/30/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

442684

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) 336-3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 336-3656</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# 400877072

Initial Report Date: 07/30/2015 Date of Discovery: 07/28/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 22 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.213796 Longitude: -104.766789

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 336310

☐ 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): 0

Estimated Condensate Spill Volume(bbl): Unknown

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: 90's, 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

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

On July 27, 2015, hydrocarbon impacts were observed in surface soil at the Sarchet Unit-63N66W22SENW production facility. Excavation activities were initiated, and groundwater was encountered in the excavation area at approximately 6 feet below ground surface (bgs). A groundwater sample (GW01) was collected from the excavation and submitted to Origins Laboratory for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX) by USEPA Method 8260C. Analytical results received on July 28, 2015, indicated that benzene and total xylenes concentrations in groundwater sample GW01 were above the applicable COGCC Table 910-1 standards. The groundwater sample location is illustrated in Figure 2 and the groundwater laboratory analytical results are summarized in Table 2.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/28/2015	County	Roy Rudisill	--Email	
7/28/2015	County	Troy Swain	--Email	
7/28/2015	Private	Landowner	--Phone	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/29/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" 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, 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) <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>50</u>		Width of Impact (feet): <u>43</u>	
Depth of Impact (feet BGS): <u>6</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
Reference Supplemental Form 19 (Document No. 400877072). See Attached Form 27.			
Soil/Geology Description:			
Silty Clay			
Depth to Groundwater (feet BGS) <u>6</u>		Number Water Wells within 1/2 mile radius: <u>13</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>1260</u> None <input type="checkbox"/>	Surface Water <u>4180</u> None <input type="checkbox"/>
		Wetlands <u></u> None <input checked="" type="checkbox"/>	Springs <u></u> None <input checked="" type="checkbox"/>
		Livestock <u>1735</u> None <input type="checkbox"/>	Occupied Building <u>1800</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: 10/30/2015 Email: phil.hamlin@anadarko.com

Attachment Check List

Att Doc Num

Name

400927038	OTHER
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)