

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:

400934169

Date Received:

11/11/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

439297

### 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 &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> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1161</u>
Contact Person: <u>Phil Hamlin</u>		Email: <u>phil.hamlin@anadarko.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400706236

Initial Report Date: 10/10/2014 Date of Discovery: 10/02/2014 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 31 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.184659 Longitude: -104.815363

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: FLOWLINE  Facility/Location ID No \_\_\_\_\_  
 No Existing Facility or Location ID No.  
 Well API No. (Only if the reference facility is well) 05-123-08232

#### 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: 60s, Cloudy

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):

During swabbing activities, a flow line release was discovered adjacent to the separator at the UPRR 42 Pan Am X #1 production facility. Groundwater was encountered during excavation activities at approximately 4 feet below ground surface (bgs). A groundwater sample (GW01) was collected and submitted to Origins Laboratory in Denver, Colorado for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX). Analytical results returned on October 2, 2014 indicated that benzene concentrations in the groundwater sample were above applicable COGCC Table 910-1 standards, causing this release to be reportable. The original Initial Spill Report was submitted on October 3, 2014; however, due to an error in the API number, the form was withdrawn and resubmitted on October 10, 2014, per Bob Chesson and Chris Canfield.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
10/2/2014	County	Tom Parko	-Email	
10/2/2014	County	Roy Rudisill	-Email	

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 11/10/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE		0	<input checked="" type="checkbox"/>
PRODUCED WATER		0	<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? YES 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): 35 Width of Impact (feet): 30

Depth of Impact (feet BGS): 4 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined? \_\_\_\_\_

Reference Initial / Supplemental Form 19 (Document No. 400706236). See attached Form 27.

Soil/Geology Description:

Fine Sand

Depth to Groundwater (feet BGS) 4 Number Water Wells within 1/2 mile radius: 12

If less than 1 mile, distance in feet to nearest

Water Well	<u>1100</u>	None <input type="checkbox"/>	Surface Water	<u>125</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	_____	None <input checked="" 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:

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

Signed: \_\_\_\_\_ Print Name: Phil Hamlin

Title: Senior HSE Representative Date: 11/11/2015 Email: phil.hamlin@anadarko.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400934179	OTHER

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)