

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:

400948972

Date Received:

12/07/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

438253

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400646026

Initial Report Date: 07/17/2014 Date of Discovery: 07/16/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 29 TWP 3N RNG 67W MERIDIAN 6Latitude: 40.189838 Longitude: -104.904904Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 329576☐ 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: CROP LAND

Other(Specify): _____

Weather Condition: 90's, Partly cloudySurface 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):

A dump line release was discovered during the replacement of the produced water sump at the Warren 29-9L & 29-16L production facility. Excavation of impacted material commenced on July 15, 2014, and approximately 240 cubic yards of impacted material was removed and transported to Buffalo Ridge Landfill in Keenesburg, Colorado for disposal. Soil samples were collected from the sidewalls and the base of the excavation area at 10 feet and 19 feet below ground surface (bgs), respectively. Soil samples were submitted to eAnalytics Laboratory for the analysis of BTEX and TPH. Analytical results returned on July 16, 2014 indicate constituent concentrations in the soil sample collected from the base (B01) of the excavation are in exceedance of applicable COGCC Table 910-1 standards. Additional excavation will not be completed due to unstable soils. Consequently, this release is reportable as impacted soil will be left in place for subsequent in situ remediation.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/17/2014	County	Roy Rudisill	-email	
7/17/2014	County	Tom Parko	-email	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/07/2015		
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: _____

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): 15 Width of Impact (feet): 15

Depth of Impact (feet BGS): 19 Depth of Impact (inches BGS): _____

How was extent determined?

Reference Supplemental Form 19 (Document No. 400649221). See Attached Form 27.

Soil/Geology Description:

Coarse sand, gravel/river rock

Depth to Groundwater (feet BGS) 19 Number Water Wells within 1/2 mile radius: 17

If less than 1 mile, distance in feet to nearest	Water Well <u>742</u>	None <input type="checkbox"/>	Surface Water <u>105</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>850</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: 9385

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: Phil Hamlin

Title: Senior HSE Representative Date: 12/07/2015 Email: phil.hamlin@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400948972	FORM 19 SUBMITTED
400948984	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)