

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 &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# 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 6

Latitude: 40.189838 Longitude: -104.904904

Municipality (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): Unknown Estimated Condensate Spill Volume(bbl): 0

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: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: 90's, Partly 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):

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

<u>COA Type</u>	<u>Description</u>
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<u>COA Type</u>	<u>Description</u>
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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400948972	FORM 19 SUBMITTED
400948984	OTHER

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)