

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:

400953895

Date Received:

12/15/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

436983

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>OXY USA WTP LP</u>	Operator No: <u>66571</u>	Phone Numbers
Address: <u>760 HORIZON DR #101</u>		Phone: <u>(970) 263-3637</u>
City: <u>GRAND JUNCTION</u> State: <u>CO</u> Zip: <u>81506</u>		Mobile: <u>(970) 640-6919</u>
Contact Person: <u>Blair Rollins</u>		Email: <u>blair_rollins@oxy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400597258

Initial Report Date: 04/28/2014 Date of Discovery: 04/26/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR sww SEC 17 TWP 6s RNG 97w MERIDIAN 6

Latitude: 39.518308 Longitude: -108.248709

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 335903
 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): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Rangeland

Weather Condition: Cloudy

Surface Owner: OTHER (SPECIFY) Other(Specify): Oxy-Private

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):

At approximately 12:00pm Saturday, April 26th, 2014, an Oxy employee discovered a release adjacent to the production units on the 697-17-50 Waterfall pad. A production unit had a needle valve on a choke cap suffer sand erosion to the point of failure. The compromised cap/valve allowed produced water to release from the piping. The flow was shut off to the unit to ensure there was not any further fluid loss before the cap could be replaced. The impact of the released liquid was limited to the working surface of the location and no waterway of the US were impacted.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/26/2014	COGCC	Carlos Lujan	-	emailed
4/26/2014	Garfield County	Kirby Wynn	-	emailed

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 12/14/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	0	<input 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): 25 Width of Impact (feet): 25

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

How was extent determined?

Oxy determined the extent of contamination by visual identification of the spill area and the utilization of a photo-ionization detector to field screen the impacted material and excavation area.

Soil/Geology Description:

Utso-Rock outcrop complex, 40-90% slopes (map unit symbol 71). During excavation, native shaley soil was encountered throughout the excavation profile.

Depth to Groundwater (feet BGS) 80 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest

Water Well	<u>600</u>	None <input type="checkbox"/>	Surface Water	<u>680</u>	None <input type="checkbox"/>
Wetlands	<u>680</u>	None <input type="checkbox"/>	Springs	<u>3120</u>	None <input type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Oxy collected two surficial soil samples from within the spill path area following receipt of Agency comments found in document # 400802626. Oxy collected two grab samples to characterize potential existing impacts associated with the spill. Based on the laboratory analytical results provided in the attached documentation, no impacts exist as no analytical concentrations exceed COGCC Table 910-1 standards. Oxy requests to close this spill as no analytical results exceed COGCC Table 910-1 standards.

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: Blair Rollins

Title: HES Specialist Date: 12/15/2015 Email: blair_rollins@oxy.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400953895	FORM 19 SUBMITTED
400953903	ANALYTICAL RESULTS
400953905	AERIAL PHOTOGRAPH
400953908	ANALYTICAL RESULTS
400953909	ANALYTICAL RESULTS

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	<p>Based on review of information presented, it appears that no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be significantly impacted, then further investigation and/or remediation activities may be required at the site.</p> <p>Also include any information that operator has available concerning pipeline failure analysis, integrity/pressure testing, and any data concerning the root causes of the spill. Provide all pipeline integrity data to the COGCC Pipeline Supervisor, Mark Schlagenhauf, at (303) 894-2100 x5177 or mark.schlagenhauf@state.co.us</p>	12/15/2015 11:25:58 AM

Total: 1 comment(s)