

**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:

400962263

Date Received:

12/31/2015

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

437908

## 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>	<b>Phone Numbers</b>
Address: <u>760 HORIZON DR #101</u>		Phone: <u>(970) 263-3637</u>
City: <u>GRAND JUNCTION</u>	State: <u>CO</u>	Mobile: <u>(970) 640-6919</u>
Zip: <u>81506</u>		Email: <u>blair_rollins@oxy.com</u>
Contact Person: <u>Blair Rollins</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400635661

Initial Report Date: 06/30/2014      Date of Discovery: 06/28/2014      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release:    QTRQTR SESW    SEC 29    TWP 6S    RNG 97W    MERIDIAN 6

Latitude: 39.489500      Longitude: -108.247558

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

#### Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE    ☒ Facility/Location ID No 417559

☐ 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0

Estimated Condensate Spill Volume(bbl): >0 and <1

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

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: Clear, Hot

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 7:30am, on 6/28/14, a produced water release was discovered at Oxy's Central Water Handling Facility. The release was discovered within an unlined valve can as produced water spilled from a corrosion related failure of a 6" water gathering line. The line was isolated to prevent further spillage. The free liquid was removed from the valve can via vac truck. The remaining impacted soil is being excavated and segregated for disposal. The release was limited to the boundaries of the facilities and no waters were impacted.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
6/28/2014	Garfield County	Kirby Wynn	970-6252497	none
6/28/2014	COGCC	Carlos Lujan	970-6255905	none
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**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: 8661

**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: 12/31/2015 Email: blair\_rollins@oxy.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400962263	FORM 19 SUBMITTED
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)