

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

400971277

Date Received:

01/14/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

438733

## 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>	Mobile: <u>(970) 336-3656</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# 400676395

Initial Report Date: 08/29/2014 Date of Discovery: 08/26/2014 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 15 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.231925 Longitude: -104.764351

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

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 328075

☐ 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): >=1 and <5

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: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Clear, 80 degrees

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):

On August 25, 2014, a historical release was discovered during tank battery decommissioning activities at the UPRC 15-6K, 15-3K site. There were no indications that the dump lines, water tank, or fittings were leaking, and the volume of the release is unknown. The tanks and associated lines were cleaned in preparation for decommissioning. A groundwater sample was collected and analyzed for benzene, toluene, ethylbenzene, and xylenes (BTEX). Laboratory analytical results, received on August 26, 2014, indicated benzene concentrations above the COGCC Table 910-1 standards, making this release reportable. Groundwater analytical results are presented on the attached table and laboratory analytical report.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
8/26/2014	County	Roy Rudisill	-email	
8/26/2014	County	Tom Parko	-email	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 01/14/2016		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>25</u>		Width of Impact (feet): <u>20</u>	
Depth of Impact (feet BGS): <u>4</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
Reference Supplemental Form 19 (Document No. 400679246). See Attached Form 27.			
Soil/Geology Description:			
Silty sand to silty clay			
Depth to Groundwater (feet BGS) <u>2</u>		Number Water Wells within 1/2 mile radius: <u>11</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>1315</u> None <input type="checkbox"/>	Surface Water <u>1975</u> None <input type="checkbox"/>
		Wetlands <u></u> None <input checked="" type="checkbox"/>	Springs <u></u> None <input checked="" type="checkbox"/>
		Livestock <u>1750</u> None <input type="checkbox"/>	Occupied Building <u>2500</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: \_\_\_\_\_

### 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: 01/14/2016 Email: phil.hamlin@anadarko.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

400971297	OTHER
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Total Attach: 1 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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Total: 0 comment(s)