

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:

400972729

Date Received:

01/18/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

444585

SPILL/RELEASE REPORT (INITIAL)

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) 515-1161</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>()</u>
Contact Person: <u>Phillip Hamlin</u>		Email: <u>Phil.Hamlin@Anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400972729

Initial Report Date: 01/18/2016 Date of Discovery: 01/15/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 30 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.193911 Longitude: -104.935524

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____

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): 0

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

Specify: The volume of the release is unknown.

Land Use:

Current Land Use: OTHER Other(Specify): Tank Battery Pad

Weather Condition: Sunny, 30 degrees F

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):

At the HSR-Rademacher 63N67W/30SESW location, an operator discovered a release from an oil bypass line due to a corrosion hole. An unknown volume of oil was released into the subsurface. During excavation activities, groundwater was encountered in the excavation at approximately 4 feet below ground surface. One excavation groundwater sample (GW01) was collected and submitted for laboratory analysis of BTEX. Laboratory analytical results received on January 15, 2016 indicated that benzene exceeded the CGWQS at 87.1 µg/L. Excavation soil and groundwater analytical results will be summarized in a supplemental report. A topographic Site Location Map showing the general location of the release is provided as Figure 1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/15/2016	Weld County	Roy Rudisill	-	Notified via Email
1/15/2016	Weld County	Troy Swain	-	Notified via Email
1/15/2016	Weld County	Tom Parko	-	Notified via Email
1/15/2016	Landowner	Landowner	-	Notified via Phone

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: Phillip Hamlin
 Title: Sr. HSE Representative Date: 01/18/2016 Email: Phil.Hamlin@Anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400972729	FORM 19 SUBMITTED
400972741	OTHER
400973295	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)