

**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:

400981629

Date Received:

02/01/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

443306

## 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>Phillip Hamlin</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400905110

Initial Report Date: 09/24/2015      Date of Discovery: 09/24/2015      Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 14 TWP 3N RNG 67W MERIDIAN 6Latitude: 40.230838 Longitude: -104.848619Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 330941☐ 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): 0Estimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### **Land Use:**

Current Land Use: CROP LAND

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

Weather Condition: 80's, Sunny.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):

During tank battery construction activities, historical impacts were discovered beneath the produced water sump at the HSR-Ferme Farms-63N67W/14NENE production facility. Approximately 20 loads of impacted material were excavated and transported to the Buffalo Ridge Landfill in Keenesburg, Colorado for disposal. Groundwater was encountered within the excavation at approximately 6 feet below ground surface (bgs). Approximately 20 barrels of groundwater were removed via vacuum truck and transported to a licensed injection facility for disposal. A groundwater sample (GW01) was subsequently collected on September 23, 2015, from the excavation area and submitted to Origins Laboratory for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX) by USEPA Method 8260C. Analytical results received on September 24, 2015, indicated that BTEX concentrations in groundwater sample GW01 were above the applicable COGCC Table 910-1 groundwater standards.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
9/24/2015	County	Roy Rudisill	--Email	
9/24/2015	County	Troy Swain	--Email	
9/24/2015	Private	Land Owner	--Mail	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 02/01/2016			
<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>				
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<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): 30	Width of Impact (feet): 28	
		Depth of Impact (feet BGS): 6	Depth of Impact (inches BGS): _____	
How was extent determined?				
Reference Supplemental Form 19 (Document No. 400908205). See Attached Form 27.				
Soil/Geology Description:				
Sand.				
Depth to Groundwater (feet BGS) 6		Number Water Wells within 1/2 mile radius: 26		
If less than 1 mile, distance in feet to nearest		Water Well 170	None <input type="checkbox"/>	Surface Water 1360
		Wetlands	None <input checked="" type="checkbox"/>	Springs
		Livestock 850	None <input type="checkbox"/>	Occupied Building 475
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: 9482

### 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: Phillip Hamlin

Title: Senior HSE Representative Date: 02/01/2016 Email: phil.hamlin@anadarko.com

### COA Type

### Description

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## Attachment Check List

### Att Doc Num

### Name

400981629	FORM 19 SUBMITTED
400981641	OTHER

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

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Total: 0 comment(s)