

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:

400988955

Date Received:

02/15/2016

Spill report taken by:

Spill/Release Point ID:

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) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1238</u>
Contact Person: <u>Sam LaRue</u>		Email: <u>Sam.LaRue@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400988955

Initial Report Date: 02/15/2016 Date of Discovery: 02/12/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 31 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.091582 Longitude: -104.924528

Municipality (if within municipal boundaries): Town of Frederick 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) 05-123-19963

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): <u>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: 50'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):

On February 12, 2016, historical hydrocarbon impacts were discovered along a produced water sump dumpline during construction activities at the HSR-Grant Brothers 10-31 production facility. Excavation activities are on-going and are being guided in the field by screening soil for volatile organic compound (VOC) concentrations using a photoionization detector (PID). Confirmation soil samples will be collected from the final extent of the excavation area. Site investigation and excavation activities will be summarized in a subsequent Supplemental Form 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/12/2016	County	Roy Rudisill	--Email	
2/12/2016	County	Troy Swain	--Email	
2/12/2016	County	Tom Parko	--Email	
2/12/2016	Town of Frederick	Jennifer Simmons	--Email	
2/15/2016	Land Owner	Private	--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: Sam LaRue
Title: Senior HSE Representative Date: 02/15/2016 Email: Sam.LaRue@anadarko.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400988966	TOPOGRAPHIC MAP
400988967	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)