

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:

401050320

Date Received:

05/19/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

440852

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 & GAS ONSHORE LP</u> | Operator No: <u>47120</u> | Phone Numbers |
| Address: <u>P O BOX 173779</u> | | Phone: <u>(303) 336-3500</u> |
| City: <u>DENVER</u> | State: <u>CO</u> | Zip: <u>80217-3779</u> |
| Contact Person: <u>Phillip Hamlin</u> | | Mobile: <u>(970) 515-1161</u> |
| | | Email: <u>phil.hamlin@anadarko.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400789156

Initial Report Date: 02/10/2015 Date of Discovery: 02/09/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 36 TWP 4N RNG 66W MERIDIAN 6Latitude: 40.268799 Longitude: -104.723004Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 328016☐ 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): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated 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: OTHER

Other(Specify): _____

Weather Condition: 60'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 9, 2015, historical impacts were discovered during abandonment activities at the HSR-Corvi 2-36 production facility. Approximately 150 cubic yards of impacted material have been removed and transported to the Buffalo Ridge Landfill in Keenesburg, Colorado. Site investigation activities are on-going at this location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|----------|--------------|--------------|---------|----------|
| 2/9/2015 | County | Roy Rudisill | --Email | |
| 2/9/2015 | County | Tom Parko | --Email | |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|---|--------------------------------------|---|---|
| #1 | Supplemental Report Date: 05/19/2016 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | | | <input checked="" type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input 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 & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i> | | | |
| A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit | | | |
| Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input 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>15</u> | |
| Depth of Impact (feet BGS): <u>19</u> | | Depth of Impact (inches BGS): _____ | |
| How was extent determined? | | | |
| Reference Supplemental Form 19 (Document No. 400794046). See Attached Form 27. | | | |
| Soil/Geology Description: | | | |
| Silty sand to silty clay. | | | |
| Depth to Groundwater (feet BGS) <u>19</u> | | Number Water Wells within 1/2 mile radius: <u>36</u> | |
| If less than 1 mile, distance in feet to nearest | | Water Well <u>630</u> None <input type="checkbox"/> | Surface Water <u>4900</u> None <input type="checkbox"/> |
| | | Wetlands _____ None <input checked="" type="checkbox"/> | Springs _____ None <input checked="" type="checkbox"/> |
| | | Livestock <u>100</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: 9675

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: 05/19/2016 Email: phil.hamlin@anadarko.com

COA Type

Description

| | |
|--|--|
| | |
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Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 401050320 | FORM 19 SUBMITTED |
| 401050340 | OTHER |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | |
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Total: 0 comment(s)