

**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:

401062002

Date Received:

06/14/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

446156

## 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 &amp; GAS ONSHORE LP</u>	Operator No: <u>47120</u>	<b>Phone Numbers</b> Phone: <u>(970) 335-3600</u> Mobile: <u>(970) 515-1238</u> Email: <u>sam.larue@anadarko.com</u>
Address: <u>P O BOX 173779</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80217-3779</u>	
Contact Person: <u>Sam LaRue</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401062002

Initial Report Date: 06/13/2016 Date of Discovery: 06/11/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 32 TWP 2N RNG 66W MERIDIAN 6Latitude: 40.093735 Longitude: -104.797396Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: WELL ☐ Facility/Location ID No. \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-123-33141

#### 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=5 and <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated 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: 90's, SunnySurface 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 June 11, 2016, an equipment failure on the Carter 10-32 pumping unit resulted in a release of approximately 12 barrels outside of containment. A vacuum truck was mobilized to the site to recover any standing liquids. Assessment and remediation activities at the site are ongoing. Further information will be provided in a forthcoming Form 19 Supplemental Release Report.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
6/12/2016	County	Roy Rudisill	-Email	
6/12/2016	County	Tom Parko	-Email	
6/12/2016	County	Troy Swain	-Email	

**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: 06/14/2016 Email: sam.larue@anadarko.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

401062002	FORM 19 SUBMITTED
401062027	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)