

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:

401063759

Date Received:

06/17/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

446122

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>(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# 401059572

Initial Report Date: 06/08/2016 Date of Discovery: 06/07/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 8 TWP 2N RNG 65W MERIDIAN 6

Latitude: 40.151275 Longitude: -104.689322

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): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

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

Specify: _____

Land Use:

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

Weather Condition: Sunny, 80 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):

During deconstruction activities at the Fields-62N65W/8SESW tank battery, soil with historical petroleum hydrocarbon impact was encountered beneath the produced water sump. There were no indications that the dumlins or produced water sump were leaking. The volume of the release is unknown. Excavation activities are ongoing. Confirmation soil samples will be collected and submitted for laboratory analysis of TPH, BTEX, pH, EC, and SAR (if applicable). The analytical results and excavation details will be summarized in a supplemental report. A topographic Site Location Map showing the geographic setting of the release is attached as Figure 1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/7/2016	Weld County	Troy Swain	-	Notified via Email
6/7/2016	Weld County	Roy Rudisill	-	Notified via Email
6/7/2016	Weld County	Tom Parko	-	Notified via Email
6/7/2016	Landowner	Landowner	-	Notified via Certified Mail

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 06/17/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): _____ Width of Impact (feet): _____

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

Confirmation soil samples will be collected from the excavation and submitted for laboratory analysis of TPH, BTEX, pH, EC, and SAR (if applicable). The analytical results and excavation details will be provided in a supplemental report.

Soil/Geology Description:

Clay (CL) and weathered claystone.

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest

Water Well	<u>1680</u>	None <input type="checkbox"/>	Surface Water	<u>4380</u>	None <input type="checkbox"/>
Wetlands	<u>4380</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>1330</u>	None <input type="checkbox"/>	Occupied Building	<u>1550</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	06/17/2016	
Cause of Spill (Check all that apply)			
<input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Historical-Unknown			
<input type="checkbox"/> Other (specify) _____			
Describe Incident & Root Cause (include specific equipment and point of failure)			
During deconstruction activities at the Fields-62N65W/8SESW tank battery, soil with historical petroleum hydrocarbon impact was encountered beneath the produced water sump. There were no indications that the dumplines or produced water sump were leaking.			
Describe measures taken to prevent the problem(s) from reoccurring:			
The site will be decommissioned and restored to pre-release grade.			
Volume of Soil Excavated (cubic yards): _____			
Disposition of Excavated Soil (attach documentation)			
<input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment			
<input type="checkbox"/> Other (specify) _____			
Volume of Impacted Ground Water Removed (bbls): _____			
Volume of Impacted Surface Water Removed (bbls): _____			

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: _____

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: Sam LaRue

Title: Sr. HSE Representative Date: 06/17/2016 Email: Sam.LaRue@Anadarko.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401063759	FORM 19 SUBMITTED
401063837	TOPOGRAPHIC MAP
401063838	OTHER

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)