

**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:

401065357

Date Received:

06/21/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

446156

## 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) 335-3600</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 515-1238</u>
Zip: <u>80217-3779</u>		Email: <u>Sam.LaRue@anadarko.com</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 6

Latitude: 40.093735      Longitude: -104.797396

Municipality (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 <100

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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

Estimated Drilling Fluid Spill Volume(bbl): 0

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

#### Land Use:

Current Land Use: CROP LAND      Other(Specify): \_\_\_\_\_

Weather Condition: 90'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 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**

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

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 06/20/2016		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	12	12	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input 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? 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?

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 still ongoing and will be summarized in a subsequent Form 19 Supplemental Release Report.

Soil/Geology Description:

Road base.

Depth to Groundwater (feet BGS) 6 Number Water Wells within 1/2 mile radius: 28

If less than 1 mile, distance in feet to nearest	Water Well <u>300</u>	None <input type="checkbox"/>	Surface Water <u>1365</u>	None <input type="checkbox"/>
	Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
	Livestock _____	None <input checked="" type="checkbox"/>	Occupied Building <u>730</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 06/20/2016
Cause of Spill (Check all that apply)	
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Historical-Unknown
Describe Incident & Root Cause (include specific equipment and point of failure)	
An equipment failure on the Carter 10-32 pumping unit resulted in a release of approximately 12 barrels outside of containment.	
Describe measures taken to prevent the problem(s) from reoccurring:	
Following assessment activities, the faulty equipment will be replaced.	
Volume of Soil Excavated (cubic yards): 0	
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): 0	
Volume of Impacted Surface Water Removed (bbls): 0	

## 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: Senior HSE Representative Date: 06/21/2016 Email: Sam.LaRue@anadarko.com

## COA Type

## Description

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## Attachment Check List

### Att Doc Num

### Name

401065357	FORM 19 SUBMITTED
401065366	TOPOGRAPHIC MAP

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

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Total: 0 comment(s)