

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401132005

Date Received:

10/18/2016

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.

Spill report taken by:
GINTAUTAS, PETER

Spill/Release Point ID:
447504

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) 515-1161</u>
Contact Person: <u>Phil Hamlin</u>		Email: <u>Phil.Hamlin@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401099740

Initial Report Date: 08/26/2016 Date of Discovery: 08/24/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 30 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.199599 Longitude: -104.827355

Municipality (if within municipal boundaries): Platteville County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 446413
 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): >=1 and <5 Estimated Condensate Spill Volume(bbl): >=1 and <5

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

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

Specify: _____

Land Use:

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

Weather Condition: Cloudy, 60s

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 August 24, 2016, a release due to a corroded separator fire tube was discovered at the location associated with the Lorenz Federal L30-4, L30-3, and Lorenz L30-5 wells. Excavation activities were guided in the field by screening soil for volatile organic compound (VOC) concentrations using a photoionization detector (PID). Approximately 50 cubic yards of impacted material were removed and transported to the Buffalo Range Landfill in Keenesburg, Colorado for disposal. Four (4) confirmation soil samples were collected from the sidewalls of the final extent of the excavation area at approximately 4 feet below ground surface (bgs). The soil samples were submitted to Origins Laboratory for analysis of benzene, toluene, ethylbenzene, total xylenes (BTEX), total petroleum hydrocarbons (TPH) - gasoline range organics (GRO) by USEPA Method 8260C, TPH - diesel and oil range organics (DRO and ORO) by USEPA 8015, electrical conductivity (EC), and pH.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/24/2016	County	Troy Swain	----Email	
8/24/2016	County	Roy Rudisill	----Email	
8/24/2016	County	Tom Parko	----Email	
8/24/2016	Land Owner	Private	----Phone	
8/24/2016	City of Platteville	Troy Renken	----Email	

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 10/17/2016

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	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): 20 Width of Impact (feet): 13

Depth of Impact (feet BGS): 5 Depth of Impact (inches BGS): _____

How was extent determined?

Reference Initial/w Supplemental Form 19 (Document No. 401099740.) See attached Form 27.

Soil/Geology Description:

Fat clay with some sand and gravel.

Depth to Groundwater (feet BGS) 5 Number Water Wells within 1/2 mile radius: 9

If less than 1 mile, distance in feet to nearest

Water Well	<u>390</u>	None <input type="checkbox"/>	Surface Water	<u>1935</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>

Livestock _____ None

Occupied Building _____ None

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: _____

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: Phil Hamlin

Title: Senior HSE Representative Date: 10/18/2016 Email: Phil.Hamlin@anadarko.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401132026	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)