

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401262443

Date Received:

04/20/2017

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

450008

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP	Operator No: 47120	Phone Numbers Phone: (970) 336-3500 Mobile: () Email: Paul.Schwarz@Anadarko.com
Address: P O BOX 173779		
City: DENVER	State: CO Zip: 80217-3779	
Contact Person: Paul Schwarz		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401256449

Initial Report Date: 04/11/2017 Date of Discovery: 04/10/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 25 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.116298 Longitude: -104.727580

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? No

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): >=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: OTHER Other(Specify): Tank Battery Facility

Weather Condition: Sunny, 50°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):

On April 10, 2017, a produced water tank overflowed due to an automation failure at the Shafer 21-25, Badding USX W25-06 tank battery. Approximately 6 barrels of oil and 1 barrel of produced water released inside secondary containment. A vacuum truck was deployed to recover the puddled fluids inside the containment. 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 provided as Figure 1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/11/2017	Weld County	Roy Rudisill	-	Notified via Email
4/11/2017	Weld County	Tom Parko	-	Notified via Email
4/11/2017	Weld County	Troy Swain	-	Notified via Email
4/11/2017	Landowner	Landowner	-	Notified via Phone

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 04/20/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	6		<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	1		<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>YES</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): 29		Width of Impact (feet): 14	
Depth of Impact (feet BGS): 6		Depth of Impact (inches BGS): _____	
How was extent determined?			
<p>On April 17 and 18, 2017, two shallow excavation (scraped area) soil samples (B01@2' and B02@2') and six excavation base and sidewall soil samples (B03@6', N01@5', E01@5', S01@5', W01@5', and W02@5') were collected and submitted for laboratory analysis of TPH, BTEX, pH, and EC. Laboratory analytical results indicated that TPH, BTEX, and EC levels were in compliance with COGCC Table 910-1 allowable levels at the extent of the excavation. The pH levels in sidewall soil samples W01@5' and W02@5' exceeded the COGCC allowable level for pH at 9.33 standard units (su) and 9.27 su, respectively. However, these samples were collected below the root zone (depth greater than 3 feet below ground surface); therefore, the samples are compliant with the allowable level for pH. Approximately 50 cubic yards of impacted soil were excavated and transported to the Buffalo Ridge Landfill in Weld County, Colorado, for disposal, and approximately 5 cubic yards were transported to the Aggregate Recycling Facility in Weld County, Colorado. The general site layout, excavation and shallow scraped area dimensions, and soil sample locations are depicted on the Excavation Site Map provided as Figure 2. The excavation soil sample analytical results are summarized in Table 1 and the laboratory analytical reports are attached.</p>			
Soil/Geology Description:			
Fine to medium grained sand (SM).			
Depth to Groundwater (feet BGS) 15		Number Water Wells within 1/2 mile radius: 2	

If less than 1 mile, distance in feet to nearest	Water Well	280	None	<input type="checkbox"/>	Surface Water	1170	None	<input type="checkbox"/>
	Wetlands	3280	None	<input type="checkbox"/>	Springs		None	<input checked="" type="checkbox"/>
	Livestock	2970	None	<input type="checkbox"/>	Occupied Building	3270	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

No further action is required. Laboratory analytical results for the soil samples indicate that TPH, BTEX, pH, and EC levels were compliant with COGCC Table 910-1 allowable levels at the extent of the excavation and shallow scraped area. Groundwater was not encountered in the excavation. Based on the confirmation soil sample analytical results, Kerr-McGee is requesting a No Further Action status for this site. A Sump Closure Report is attached.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/20/2017

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

On April 10, 2017, a produced water tank overflowed due to an automation failure at the Shafer 21-25, Badding USX W25-06 tank battery. Approximately 6 barrels of oil and 1 barrel of produced water released inside secondary containment.

Describe measures taken to prevent the problem(s) from reoccurring:

The Kerr-McGee tank battery facility will be decommissioned.

Volume of Soil Excavated (cubic yards): 55

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ 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: Paul Schwarz

Title: HSE Representative Date: 04/20/2017 Email: Paul.Schwarz@Anadarko.com

COA Type

Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401262444	TOPOGRAPHIC MAP
401262445	OTHER
401262542	ANALYTICAL RESULTS
401264123	SITE MAP
401264127	OTHER

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)