

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:

401408362

Date Received:

09/21/2017

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

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: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(720) 9294306</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-3779</u>
Contact Person: <u>Erik Mickelson</u>		Mobile: <u>()</u>
		Email: <u>erik.mickelson@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401408362

Initial Report Date: 09/20/2017 Date of Discovery: 09/20/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 25 TWP 3N RNG 67W MERIDIAN 6Latitude: 40.201320 Longitude: -104.847968Municipality (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): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: Sunny, 85 degrees FSurface 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 September 19, 2017, environmental testing activities associated with a produced water sump closure was conducted at the Erickson Birkle P25-4JI Tank Battery location. Shallow groundwater was encountered at two feet bgs in the sump's excavation. Four sidewall soil samples and one groundwater sample were collected and submitted for laboratory analysis. Soil samples were analyzed for BTEX, TPH - GRO by Method 8260, and TPH - DRO and RRO by Method 8015. The groundwater sample was analyzed for BTEX by Method 8260. The groundwater results were received on September 20 indicating benzene levels at 5.92 ug/L exceeding Table 910 -1 allowable groundwater concentrations. All four soil samples were submitted to the laboratory and the sample with the highest PID reading was analyzed. The laboratory analytical results for soil sample (N01@1.5') were ND for all constituents. Based on the groundwater results, the remaining three soil samples will be analyzed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
9/20/2017	Weld County	Roy Rudisill	--email	
9/20/2017	Weld County	Troy Swain	--email	
9/20/2017	Weld County	Tom Parko	--email	
9/20/2017	Landowner	Landowner	--phone call	

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: Erik Mickelson

Title: Senior HSE Representative Date: 09/21/2017 Email: erik.mickelson@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401409304	ANALYTICAL RESULTS
401409308	ANALYTICAL RESULTS
401409311	TOPOGRAPHIC MAP
401409595	ANALYTICAL RESULTS
401409596	OTHER

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)