

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:

401416064

Date Received:

09/29/2017

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

453126

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: <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) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1431</u>
Contact Person: <u>Paul Schwarz</u>		Email: <u>Paul.Schwarz@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401410893

Initial Report Date: 09/22/2017 Date of Discovery: 09/21/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 10 TWP 1N RNG 68W MERIDIAN 6

Latitude: 40.071457 Longitude: -104.983087

Municipality (if within municipal boundaries): Erie 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: CROP LAND Other(Specify): \_\_\_\_\_

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 third-party maintenance operations, historical impacts were encountered at the CPC 41-10 #1, Champlin 31-10 #3, 32-10 #2, and 42-10 #4 production facility. The release became State reportable on September 21, 2017, due to the quantity of impacted soil excavated. Soil excavation activities are ongoing and will be summarized in a forthcoming Supplemental Form 19 Spill/Release 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
9/21/2017	Town of Erie	Marty Ostholhoff	-email	
9/21/2017	County	Roy Rudisill	-email	
9/21/2017	County	Troy Swain	-email	
9/21/2017	County	Tom Parko	-email	
9/22/2017	Private	Landowner	-certified mail	

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 09/29/2017

<b>FLUIDS</b>	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): 65 Width of Impact (feet): 22

Depth of Impact (feet BGS): 12 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

During third-party maintenance operations, historical impacts were encountered at the CPC 41-10 #1, Champlin 31-10 #3, 32-10 #2, and 42-10 #4 production facility. The release became State reportable on September 21, 2017, due to the quantity of impacted soil excavated. Excavation activities are being guided in the field by screening soil for volatile organic compound (VOC) concentrations using a photoionization detector (PID). Soil excavation activities are ongoing and will be summarized in a forthcoming Supplemental Form 19 Spill/Release Report. A topographic Site Location Map showing the geographic setting of the release is provided as Figure 1.

Soil/Geology Description:

Sandy clay

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest Water Well 1680 None  Surface Water 1300 None

Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None

Livestock 2630 None Occupied Building 795 None 

Additional Spill Details Not Provided Above:

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**CORRECTIVE ACTIONS**#1 Supplemental Report Date: 09/29/2017Cause of Spill (Check all that apply)  Human Error  Equipment Failure  Historical-Unknown  
 Other (specify) \_\_\_\_\_

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

During third-party maintenance operations, historical impacts were encountered.

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

Impacted soil is being excavated and the excavation area will be backfilled and graded to match pre-existing conditions.

Volume of Soil Excavated (cubic yards): \_\_\_\_\_

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 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:**

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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: Paul SchwarzTitle: HSE Representative Date: 09/29/2017 Email: Paul.Schwarz@anadarko.com**COA Type****Description**

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**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
401416064	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401416253	TOPOGRAPHIC MAP
401468623	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)