

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:

401958324

Date Received:

03/04/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

463007

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 GATHERING LLC</u> | Operator No: <u>47121</u> | Phone Numbers |
| Address: <u>PO BOX 173779</u> | | Phone: <u>(970) 336-3500</u> |
| City: <u>DENVER</u> | State: <u>CO</u> | Zip: <u>80217</u> |
| Contact Person: <u>Sam LaRue</u> | | Mobile: <u>()</u> |
| | | Email: <u>Sam.LaRue@anadarko.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401958324

Initial Report Date: 03/04/2019 Date of Discovery: 03/01/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 23 TWP 2N RNG 65W MERIDIAN 6Latitude: 40.118160 Longitude: -104.636740Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: OTHER☐ Facility/Location ID No _____Spill/Release Point Name: Hudson Compressor Station☒ No Existing Facility or Location ID No.

Number: _____

☐ 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): 0Estimated Condensate Spill Volume(bbl): >=1 and <5Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHEROther(Specify): Hudson Compressor StationWeather Condition: Cloudy, 20°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 March 1, 2019, a piece of tubing disconnected in the process, resulting in the release of condensate from the process stream onto the ground surface. Approximately 1 barrel of E&P fluids were released outside of containment within the Hudson Compressor Station. The assessment details and analytical results 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

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|--------------------|
| 3/1/2019 | Weld County | Jason Maxey | - | Notified via Email |
| 3/1/2019 | Weld County | Roy Rudisill | - | Notified via Email |
| 3/1/2019 | Anadarko | Landowner | - | Notified On-Site |

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

OPERATOR COMMENTS:

| |
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| |
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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: Sam LaRue
Title: Senior Environmental Rep. Date: 03/04/2019 Email: Sam.LaRue@anadarko.com

COA Type

Description

| | |
|--|--|
| | Provide documentation justifying closure request within 90 days of release via supplemental form 19. If investigation and remediation require further actions beyond 90 days then submit form 27 for approval within 90 days of spill (30May2019). |
|--|--|

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------------------|
| 401958324 | SPILL/RELEASE REPORT(INITIAL) |
| 401958496 | OTHER |
| 401958621 | TOPOGRAPHIC MAP |
| 401960118 | FORM 19 SUBMITTED |

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)