

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401965503

Date Received:

03/11/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

463007

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 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>		Mobile: <u>()</u>
Contact Person: <u>Sam LaRue</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 6

Latitude: 40.118160 Longitude: -104.636740

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

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Hudson Compressor Station

Weather Condition: Cloudy, 20°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 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

Date	Agency/Party	Contact	Phone	Response
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: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	03/11/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	1		<input checked="" type="checkbox"/>	
PRODUCED WATER	0	0	<input 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): 75 Width of Impact (feet): 25

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 3

How was extent determined?

On March 5 and 8, 2019, ten soil samples (SS-1@2" through SS-8@2", SS-2@3", and SS-6@3") were collected from the scraped excavation and submitted for laboratory analysis of TPH and BTEX. Laboratory analytical results indicated that TPH and BTEX concentrations were in full compliance with COGCC Table 910-1 allowable levels within the shallow excavation. Approximately 50 cubic yards of impacted soil were excavated and transported to Front Range Landfill in Erie, Colorado, for disposal. The general site layout, spill release area, scraped excavation 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. The laboratory analytical reports are attached.

Soil/Geology Description:

Compacted road base/gravel

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 3
 If less than 1 mile, distance in feet to nearest Water Well 1200 None Surface Water 2860 None
 Wetlands _____ None Springs _____ None
 Livestock _____ None Occupied Building 650 None

Additional Spill Details Not Provided Above:

No further action is required. Laboratory analytical results for the soil samples indicate that TPH and BTEX concentrations are in full compliance with COGCC Table 910-1 allowable levels within the shallow scraped excavation. Groundwater was not encountered in the excavation. Based on the soil sample analytical results, Kerr-McGee is requesting a No Further Action status for this site.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/11/2019

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)

A release of approximately 1 barrel of condensate occurred where emulsion breaker is injected into the oil and gas product stream at the Hudson Compressor Station. Supply tubing disconnected from the pump connection. A check valve was in place at the connection point on the pump side of the emulsion breaker chemical. A lack of a check valve on the injection port where the chemical is pumped into the oil and gas product stream allowed condensate from the product stream to flow back through the tubing from the injection point causing the release.

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

A check valve will be installed at the injection port to prevent a similar incident from reoccurring.

Volume of Soil Excavated (cubic yards): 50

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: Sam LaRue
 Title: Senior Environmental Rep. Date: 03/11/2019 Email: Sam.LaRue@anadarko.com

COA Type	Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401965520	TOPOGRAPHIC MAP
401967324	ANALYTICAL RESULTS
401967526	SITE MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)