

# 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:

402182760

Date Received:

09/20/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

467486

## 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	<b>Phone Numbers</b>
Address: P O BOX 173779		Phone: (970) 515-1698
City: DENVER	State: CO	Zip: 80217-3779
Contact Person: Greg Hamilton		Mobile: ( )
		Email: Gregory_Hamilton@ox.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402175109

Initial Report Date: 09/12/2019 Date of Discovery: 09/12/2019 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 21 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.217465 Longitude: -104.778392

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: PARTIALLY-BURIED  
VESSEL

☐ Facility/Location ID No

Spill/Release Point Name: HSR-Glasser

☒ No Existing Facility or Location ID No.

Number: 1-21A

☐ 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: OTHER

Other(Specify): Tank Battery Pad

Weather Condition: Sunny, 80°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 plugging and abandonment activities at the Glasser 1-21A facility, historical petroleum hydrocarbon impacts were encountered beneath the partially buried produced water vessel. The assessment details and analytical results will be summarized in a supplemental report. The 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
9/12/2019	Weld County	Weld County	-	Notified via Online Reporting Form
9/13/2019	Landowner	Landowner	-	Notified via telephone

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: 09/20/2019		
<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	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>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 40		Width of Impact (feet): 30	
Depth of Impact (feet BGS): 15		Depth of Impact (inches BGS): _____	
How was extent determined?			
Assessment details will be provided in an upcoming Form 27 Supplemental.			
Soil/Geology Description:			
Sand and Clay (SC)			
Depth to Groundwater (feet BGS) 15 Number Water Wells within 1/2 mile radius: 3			
If less than 1 mile, distance in feet to nearest		Water Well 1920 None <input type="checkbox"/>	Surface Water 1680 None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>

Livestock 2330 None ☐Occupied Building 1600 None ☐

Additional Spill Details Not Provided Above:

**CORRECTIVE ACTIONS**#1 Supplemental Report Date: 09/20/2019Cause 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 plugging and abandonment activities at the Glasser 1-21A facility, historical petroleum hydrocarbon impacts were encountered beneath the partially buried produced water vessel.

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

The Kerr-McGee tank battery facility will be deconstructed.

Volume of Soil Excavated (cubic yards): 620Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment  
☒ Other (specify) Kerr-McGee Land Treatment Facility in Weld County, COVolume of Impacted Ground Water Removed (bbls): 0Volume 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 27Form 27 Remediation Project No: 13847**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: Greg HamiltonTitle: Sr. Staff Enviro. Rep. Date: 09/20/2019 Email: Gregory\_Hamilton@oxy.com**COA Type****Description****Attachment Check List****Att Doc Num****Name**

402182778	TOPOGRAPHIC MAP
-----------	-----------------

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)