

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:

402420507

Date Received:

06/15/2020

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>(970) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1698</u>
Contact Person: <u>Gregory Hamilton</u>		Email: <u>Gregory_Hamilton@ox y.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402420507

Initial Report Date: 06/12/2020 Date of Discovery: 06/12/2020 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NWNW SEC 33 TWP 1S RNG 65W MERIDIAN 6

Latitude: 39.928355 Longitude: -104.674644

Municipality (if within municipal boundaries): _____ County: ADAMS

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 320409

Spill/Release Point Name: _____ Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID No.

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: Fair, ~85 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):

Historical impacts were discovered during reclamation activities at the HSR-Van Schaack 4-33 production facility. The release became State reportable on June 12, 2020, due to the quantity of impacted soil excavated. Groundwater was encountered in the excavation at approximately 9.5 feet bgs. A groundwater sample (GW01) was collected and submitted to Origins Laboratory for analysis of BTEX by USEPA Method 8260D. Analytical results received on June 15, 2020, indicated that the benzene, ethylbenzene, and total xylenes concentrations in sample GW01 exceeded the COGCC Table 910-1 standards. 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. The groundwater sample location is illustrated on Figure 2. Groundwater analytical results are summarized in Table 1. The analytical laboratory report is provided as Attachment A.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
6/12/2020	County	G. Dean	-email	
6/12/2020	Private	Landowner	-phone	

Was there a Grade 1 Gas Leak? Yes No

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

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes No

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

Was there damage during excavation? Yes No

If YES, was CO 811 notified prior to excavation? Yes 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: Gregory Hamilton

Title: Senior Staff Env Rep Date: 06/15/2020 Email: Gregory_Hamilton@oxy.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402420818	OTHER
402422022	TOPOGRAPHIC MAP
402422023	SITE MAP
402422024	ANALYTICAL RESULTS
402422026	ANALYTICAL RESULTS

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)