

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:

402438542

Date Received:

07/08/2020

Spill report taken by:

Oakman, Kari

Spill/Release Point ID:

476912

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 & 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>	Mobile: <u>(970) 515-1698</u>
Zip: <u>80217-3779</u>		Email: <u>Gregory_Hamilton@oxy.com</u>
Contact Person: <u>Gregory Hamilton</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

Date	Agency/Party	Contact	Phone	Response
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 ☐

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/07/2020		
FLUIDS	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? 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) <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): 28		Width of Impact (feet): 25	
Depth of Impact (feet BGS): 11		Depth of Impact (inches BGS): _____	
How was extent determined?			
Reference Supplemental Form 19 (Document No. 402425945) and Initial Form 27 (Document No. 402433337).			
Soil/Geology Description:			
Sandy clay			
Depth to Groundwater (feet BGS) 5		Number Water Wells within 1/2 mile radius: 38	

If less than 1 mile, distance in feet to nearest

Water Well	1465	None	<input type="checkbox"/>	Surface Water		None	<input checked="" type="checkbox"/>
Wetlands		None	<input checked="" type="checkbox"/>	Springs		None	<input checked="" type="checkbox"/>
Livestock	3490	None	<input type="checkbox"/>	Occupied Building	1815	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

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: 15687

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: Gregory Hamilton

Title: Senior Staff Env Rep Date: 07/08/2020 Email: Gregory_Hamilton@oxy.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)