

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401592609

Date Received:

06/01/2018

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

453126

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	Phone Numbers
Address: P O BOX 173779		Phone: (970) 336-3500
City: DENVER State: CO Zip: 80217-3779		Mobile: (970) 515-1161
Contact Person: Phillip Hamlin		Email: Phil.Hamlin@anadarko.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401410893

Initial Report Date: 09/22/2017 Date of Discovery: 09/21/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 10 TWP 1N RNG 68W MERIDIAN 6

Latitude: 40.071457 Longitude: -104.983087

Municipality (if within municipal boundaries): Erie County: WELD

Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No

Spill/Release Point Name:

☒ 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): 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: Sunny ~ 80 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):

During third-party maintenance operations, historical impacts were encountered at the CPC 41-10 #1, Champlin 31-10 #3, 32-10 #2, and 42-10 #4 production facility. The release became State reportable on September 21, 2017, due to the quantity of impacted soil excavated. 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.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/21/2017	Town of Erie	Marty Ostholhoff	-email	
9/21/2017	County	Roy Rudisill	-email	
9/21/2017	County	Troy Swain	-email	
9/21/2017	County	Tom Parko	-email	
9/22/2017	Private	Landowner	-certified mail	

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: 06/01/2018		
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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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): 93		Width of Impact (feet): 65	
Depth of Impact (feet BGS): 13		Depth of Impact (inches BGS): _____	
How was extent determined?			
Reference Supplemental Form 19 (Document No. 401416064) and Initial eForm 27 (Document No. 401466350).			

Soil/Geology Description:

Total: 0 comment(s)