

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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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: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Operator No: <u>47120</u>	<b>Phone Numbers</b>
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) 515-1161</u>
Contact Person: <u>Phillip Hamlin</u>		Email: <u>Phil.Hamlin@anadarko.com</u>

### 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): <u>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>Unknown</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</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: 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? 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): 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:

Sandy clay

Depth to Groundwater (feet BGS) 13

Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well 1680 None

Surface Water 1300 None

Wetlands \_\_\_\_\_ None

Springs \_\_\_\_\_ None

Livestock 2630 None

Occupied Building 795 None

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: 10875

### 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: Phillip Hamlin

Title: Senior HSE Representative Date: 06/01/2018 Email: Phil.Hamlin@anadarko.com

### Condition of Approval

#### COA Type

#### Description

0 COA

### Attachment List

#### Att Doc Num

#### Name

401592609	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401667858	FORM 19 SUBMITTED

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)