

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

400600844

Date Received:

05/05/2014

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

437084

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. 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>	OGCC Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(720) 9296000</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(720) 9297726</u>
Zip: <u>80217-3779</u>		Email: <u>phil.hamlin@anadarko.com</u>
Contact Person: <u>Phillip Hamlin</u>		

INITIAL SPILL/RELEASE REPORT

Initial Report Date: 05/02/2014 Date of Discovery: 05/02/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 27 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.017826 Longitude: -104.870207

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

Reference Location:

Facility Type: TANK BATTERY ☐ Well API No. (if the reference facility is well) 05-123-

☒ Facility ID (if not a well) 265272

☐ No Existing Facility ID

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

Were Five (5) barrels or more spilled? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0

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: Windy, 60 degrees

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 ☐

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

During tank battery reconstruction, historical impacts were observed in the vicinity of the dump lines. The separator has been removed and all of the dump lines have been flushed and removed. A subsurface assessment will be completed to define the extent and magnitude of the impacts.

COGCC Comment Only:

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/2/2014	Weld County	Roy Rudisill	-email	
5/2/2014	Weld County	Tom Parko	-email	

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 EHS Representative Date: 05/05/2014 Email: phil.hamlin@anadarko.com

Attachment Check List

Att Doc Num	Name
400600844	FORM 19 SUBMITTED
400601654	TOPOGRAPHIC MAP

Total Attach: 2 Files