

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400605652

Date Received:

05/12/2014

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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.

Spill report taken by:
CANFIELD, CHRIS

Spill/Release Point ID:
437084

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>(970) 5151161</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Mobile: <u>(720) 9297726</u>
Contact Person: <u>Phillip Hamlin</u>	Email: <u>phil.hamlin@anadarko.com</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- -
 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): <u>0</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: 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

Brown to dark brown, lean clay with sand

Depth to Groundwater (feet BGS) 4

Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest

Water Well 350 None

Surface Water _____ None

Wetlands _____ None

Springs _____ None

Livestock _____ None

Occupied Building 300 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/09/2014

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

On May 2, 2013, during tank battery reconstruction, historical impacts were identified in the vicinity of the dump lines near the separators. There was no indication that the dump lines or separators were leaking and all associated fittings were tight.

Describe measures taken to prevent the problem(s) from reoccurring:

The tank battery will be rebuilt in a new location with a geosynthetic liner, poly drain line, and a double walled fiber glass water tank.

Volume of Soil Excavated (cubic yards): 20

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment

Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 50

Volume of Impacted Surface Water Removed (bbls): _____

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 Number: _____

COGCC Comment:

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: 05/12/2014 Email: phil.hamlin@anadarko.com

Attachment Check List

Att Doc Num	Name
400605652	FORM 19 SUBMITTED
400605695	ANALYTICAL RESULTS
400605696	ANALYTICAL RESULTS
400605939	SITE MAP
400605940	TOPOGRAPHIC MAP

Total Attach: 5 Files