

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:

400614160

Date Received:

05/23/2014

Spill report taken by:

Spill/Release Point ID:

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>(970) 336 3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 336 3656</u>
Zip: <u>80217-3779</u>		Email: <u>phil.hamlin@anadarko.com</u>
Contact Person: <u>Phil Hamlin</u>		

INITIAL SPILL/RELEASE REPORT

Initial Report Date: 05/23/2014 Date of Discovery: 05/23/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 8 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.241235 Longitude: -104.905181

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) 318973

☐ 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? Yes

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): 0

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: Partly cloudy

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 the rebuilding of the tank battery, historical impacts were encountered. There was no indication that the dump lines, tanks, or fittings were leaking. The produced water tank was cleaned and removed, and the associated lines were flushed and removed. Impacted soil was excavated and will be transported off-site to a licensed facility for disposal. Groundwater analytical results received May 23, 2013, indicated benzene concentrations above COGCC Table 910-1 standards, making the release reportable. Groundwater will be removed using a vacuum truck and resampled.

COGCC Comment Only:

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/23/2014	Weld County	Roy Rudisill	-email	
5/23/2014	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: Phil Hamlin
Title: Senior HSE Representative Date: 05/23/2014 Email: phil.hamlin@anadarko.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400614162	FORM 19 SUBMITTED
400614182	TOPOGRAPHIC MAP

Total Attach: 2 Files