

# 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:

400616494

Date Received:

05/30/2014

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

437366

## 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.

### OPERATOR INFORMATION

Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	OGCC 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>	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: <u>05/23/2014</u>	Date of Discovery: <u>05/23/2014</u>	Spill Type: <u>Historical Release</u>
--	--------------------------------------	---------------------------------------

**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): <u>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>0</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: 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

Date	Agency/Party	Contact	Phone	Response
5/23/2014	Weld County	Roy Rudisill	-email	
5/23/2014	Weld County	Tom Parko	-email	

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 05/29/2014

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input 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

**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): 20

Width of Impact (feet): 15

Depth of Impact (feet BGS): 5

Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

On May 22, 2014, excavation activities were conducted following the removal of the partially buried sump at the Berry #1, Berry 8-8 production facility. Approximately 20 cubic yards of impacted material were removed and transported to the Front Range Landfill in Erie, Colorado. The vertical and lateral extent of the excavation was determined in the field using a photoionization detector (PID) to measure volatile organic compound (VOC) concentrations in soil. Four soil samples were collected from the sidewalls of the final excavation extent at 4 feet below ground surface (bgs). Soil samples were submitted to eAnalytics Laboratory in Loveland, Colorado for analysis of benzene, toluene, ethylbenzene, total xylenes (BTEX) and total petroleum hydrocarbons (TPH) – gasoline range organics (GRO) by USEPA Method 8260B, and TPH – diesel range organics (DRO) and oil range organics (ORO) by USEPA Method 8015. Analytical results indicate constituent concentrations are below the applicable COGCC Table 910-1 standards at the four soil sample locations. Groundwater was encountered at approximately 5 feet bgs. On May 22, 2014, a groundwater sample (GW01) was collected and submitted for laboratory analysis of BTEX. Analytical results received on May 23, 2014 indicated benzene concentrations were in exceedance of applicable COGCC Table 910-1 groundwater standards. 40 barrels of groundwater were subsequently removed from the excavation area using a vacuum truck and disposed of at a licensed injection facility. On May 23, 2014, a second groundwater sample (GW02) was collected and submitted for BTEX analysis. Additionally, 100 pounds of activated carbon were introduced to the groundwater table to mitigate residual dissolved aqueous phase hydrocarbon concentrations above regulatory standards. Analytical results received on May 24, 2014 indicate BTEX concentrations in GW02 are below the applicable regulatory groundwater standards.

Soil/Geology Description:

Silty sand

Depth to Groundwater (feet BGS) 5

Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest	Water Well	<u>2300</u>	None <input type="checkbox"/>	Surface Water	<u>700</u>	None <input type="checkbox"/>
	Wetlands	<u></u>	None <input checked="" type="checkbox"/>	Springs	<u></u>	None <input checked="" type="checkbox"/>
	Livestock	<u></u>	None <input checked="" type="checkbox"/>	Occupied Building	<u>530</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The excavation was backfilled and re-contoured to match pre-existing conditions. A Form 27 will be submitted to describe the proposed subsurface assessment to confirm the absence of residual dissolved aqueous phase hydrocarbon impacts above applicable regulatory standards.

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/29/2014

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)

There were no leaks observed in the dump lines, produced water sump, or fittings, indicating the release was historical.

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

The produced water sump and associated lines were replaced.

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): 40

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: Phil Hamlin

Title: Senior HSE Representative Date: 05/30/2014 Email: phil.hamlin@anadarko.com

### Attachment Check List

**Att Doc Num**      **Name**

400616577	TOPOGRAPHIC MAP
400616580	SITE MAP
400616589	ANALYTICAL RESULTS

Total Attach: 3 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

--	--	--

Total: 0 comment(s)