

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400625645

Date Received:

06/13/2014

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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 & GAS ONSHORE LP</u> OGCC Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>	Phone: <u>(720) 929-6368</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Mobile: <u>(720) 929-7368</u>
Contact Person: <u>Mike Dinkel</u>	Email: <u>Mike.Dinkel@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Report Date: 06/12/2014 Date of Discovery: 06/12/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 25 TWP 3N RNG 68W MERIDIAN 6
 Latitude: 40.198881 Longitude: -104.944148
 Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL Well API No. (if the reference facility is well) 05-123-39187
 Facility ID (if not a well) _____
 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? Yes

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>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>>=100</u>

Specify: Approximately 200 bbls of water-based drilling fluid were released within the well pad berms

Land Use:

Current Land Use: CROP LAND Other(Specify): _____
 Weather Condition: 75 degrees, 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 drilling operations, an open valve on a drilling fluid storage tank allowed the drilling fluid to inadvertently transfer to another tank and cause it to overflow. Approximately 200 bbls of water-based drilling fluid were released onto the ground surface of the bermed well pad. A hydro-vac truck was used to recover approximately 175 bbls of the released water-based drilling fluid and return it to the active mud system. Confirmation soil samples will be collected from the release area or excavation (as applicable) and the analytical results and excavation details will be provided in a supplemental report. A topographic Site Location Map showing the general location of the release is attached as Figure 1.

COGCC Comment Only:

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/12/2014	Weld County OEM	Roy Rudisill	970-356-4000	
6/12/2014	Weld County Public Works	Tom Parko	970-397-6288	

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 06/13/2014

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>200</u>	<u>175</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: Approximately 200 bbls of water-based drilling fluid were released within the well pad berms

Was spill/release completely contained within berms or secondary containment? YES 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): 60 Width of Impact (feet): 50

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 2

How was extent determined?

Confirmation soil samples will be collected from the release area or excavation (as applicable) once drilling activities have been completed at the site and the release area can be accessed. The analytical results and excavation details will be provided in a supplemental report.

Soil/Geology Description:

Sand and Gravel/Roadbase

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well 2900 None Surface Water 1000 None

Wetlands 1000 None

Springs _____ None

Livestock _____ None

Occupied Building 635 None

Additional Spill Details Not Provided Above:

Empty box for additional spill details.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/13/2014

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)

During drilling operations, an open valve on a drilling fluid storage tank allowed the drilling fluid to inadvertently transfer to another tank and cause it to overflow. Approximately 200 bbls of water-based drilling fluid were released onto the ground surface of the bermed well pad.

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

Locks will be installed on valve handles to prevent them from being unknowingly opened.

Volume of Soil Excavated (cubic yards): 0

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

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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:

Empty box for 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: Mike Dinkel
Title: Senior HSE Representative Date: 06/13/2014 Email: Mike.Dinkel@anadarko.com

Attachment Check List

Att Doc Num	Name
400625646	TOPOGRAPHIC MAP
400625647	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)