

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:

400679905

Date Received:

09/05/2014

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

439642

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>	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) 515-1161</u>
Zip: <u>80217-3779</u>		Email: <u>phil.hamlin@anadarko.com</u>
Contact Person: <u>Phil Hamlin</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400679905

Initial Report Date: 09/05/2014 Date of Discovery: 09/03/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 25 TWP 3N RNG 68W MERIDIAN 6Latitude: 40.198758 Longitude: -104.946613Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 336185☐ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

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

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? No

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHER

Other(Specify): _____

Weather Condition: 90's, SunnySurface 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 ☐

As defined in COGCC 100-Series Rules

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

On Sept 3, 2014, a historical release was discovered during tank battery decommissioning activities at the Wagner 2, 8, 21, 22-25 production facility. The tanks and lines were flushed, cleaned, and removed. Approx 520 cubic yards of impacted soil were excavated and transported to the Kerr-McGee Landfarm for treatment. 8 soil samples were collected from the final extent of the excavation and submitted to eAnalytics Laboratory in Loveland, CO for laboratory analysis of BTEX and TPH. Laboratory analytical results, received on September 4, 2014, indicate constituent concentrations in the 8 soil samples are below the applicable COGCC Table 910-1 standards. Due to the size of the historically impacted area, this release was reported to the state. Based on the excavation activities and analytical sample results, no further action is required at this site. A soil table and analytical report are attached. An excavation and sample location figure will be presented in the Supplemental Form 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
9/3/2014	County	Roy Rudisill	--email	
9/3/2014	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: 09/05/2014 Email: phil.hamlin@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400679905	FORM 19 SUBMITTED
400679921	FORM 19 SUBMITTED
400680653	ANALYTICAL RESULTS
400680682	TOPOGRAPHIC MAP

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)