

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:

400741704

Date Received:

11/29/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

440118

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>OXY USA WTP LP</u>	Operator No: <u>66571</u>	Phone Numbers
Address: <u>760 HORIZON DR #101</u>		Phone: <u>(970) 2633651</u>
City: <u>GRAND JUNCTION</u> State: <u>CO</u> Zip: <u>81506</u>		Mobile: <u>(970) 6440014</u>
Contact Person: <u>Edward Brotsky</u>		Email: <u>edward_brotsky@oxy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400738112

Initial Report Date: 11/21/2014 Date of Discovery: 11/19/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 9 TWP 7S RNG 97W MERIDIAN 6

Latitude: 39.466615 Longitude: -108.225749

Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 335018
 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? Yes

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

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Rangeland

Weather Condition: Clear, cold

Surface Owner: OTHER (SPECIFY) Other(Specify): Oxy Private

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):

At approximately 7:00PM Wednesday, (November 19th, 2014) a produced/brine water release occurred when an Oxy contractor was priming frac trucks. One of the hoses was not connected to the pump manifold. When the hoses were opened from the missile to the pumps, approximately 30bbl of produced/brine water was spilled on the ground. Most of the liquid was immediately recovered, but approximately 5bbl was amongst the equipment and unrecoverable.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/20/2014	COGCC	Stan Spencer	970-625-2497	None
11/20/2014	Garfield County	Kirby Wynn	970-625-5905	None

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/29/2014

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	30	25	<input 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

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

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): 100 Width of Impact (feet): 45

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

How was extent determined?

Extent of the impacted area was determined by an Oxy employee on site.

Soil/Geology Description:

Happle very channery sandy loam.

Depth to Groundwater (feet BGS) 150 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None	<input checked="" type="checkbox"/>	Surface Water	_____	None	<input checked="" type="checkbox"/>
Wetlands	_____	None	<input checked="" type="checkbox"/>	Springs	_____	None	<input checked="" type="checkbox"/>
Livestock	_____	None	<input checked="" type="checkbox"/>	Occupied Building	_____	None	<input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Following completion of the well and demobilization of the frac crew, Oxy will collect and analyze representative soil samples to assess and develop a remediation plan.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	11/29/2014
Cause of Spill (Check all that apply)		
<input checked="" type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown		
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
Frac crew failed to connect a hose to a pump manifold. When the pump was placed in operation, water spilled from this open connection.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Oxy met with management and HES representatives from the contractor company to address the issue. Frac crew was given additional training, stand-down meetings were held, and crews were encouraged to increase communication. Additional frac staff who have experience operating in freezing conditions were brought onsite. Management from Oxy and contractor will maintain an increased presence at the frac site.		
Volume of Soil Excavated (cubic yards): _____ 0		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment		
<input type="checkbox"/> 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 Project No: _____

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Edward Brotsky

Title: Environmental Specialist Date: 11/29/2014 Email: edward_brotsky@oxy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400741704	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)