

State of Colorado Oil and Gas Conservation Commission

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Document Number:

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Date Received:

01/16/2015

Spill report taken by:

Spill/Release Point ID:

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: KERR MCGEE OIL & GAS ONSHORE LP

Operator No: 47120

Address: P O BOX 173779

City: DENVER

State: CO

Zip: 80217-3779

Contact Person: Sam LaRue

Phone Numbers

Phone: (970) 336-3500

Mobile: (970) 515-1238

Email: Sam.LaRue@anadarko.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400766518

Initial Report Date: 01/07/2015

Date of Discovery: 01/07/2015

Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 28 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.015905 Longitude: -104.899639

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 433536☐ 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? No

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): >=5 and <100

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Approximately 25 bbls of oil was released inside unlined containment.

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: Cloudy, 35F

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 ☐

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):

During production operations at the Howard 3C, 28N, 29N-28HZ, Howard 16N, 37C, 38C-33HZ, D&C Farms 14N, 35C, 36C-33HZ facility, valves were configured incorrectly causing excess production to accumulate and over flow a temporary tank on-site. Approximately 25 bbls of oil was released inside unlined containment. Approximately 20 bbls of oil was recovered using a vacuum truck. Confirmation soil samples will be collected from the release area or excavation (as applicable). 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.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/7/2015	County/Municipality	Tom Parko	-Email	
1/7/2015	County/Municipality	Roy Rudisill	-Email	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 01/13/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	25	20	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>21</u>		Width of Impact (feet): <u>55</u>	
Depth of Impact (feet BGS): <u>3</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Six excavation sidewall soil samples (N01@2', N02@2', E01@2', S01@2', S02@2', and W01@2') and two excavation base soil samples (B01@3' and B02@3') were collected from the excavation and submitted for laboratory analysis of TPH and BTEX. Laboratory analytical results for the soil samples indicate that TPH and BTEX concentrations are in compliance with COGCC allowable levels at the extent of the excavation. Approximately 130 cubic yards of impacted soil were removed from the excavation and transported to Front Range Regional Landfill in Erie, Colorado. The general site layout, excavation dimensions, and soil sample locations are shown on the Site Map attached as Figure 2. The soil sample analytical results are summarized in Table 1 and the laboratory analytical report is attached.			
Soil/Geology Description:			
Sand and Gravel / Roadbase, Sandy Clay			
Depth to Groundwater (feet BGS) <u>10</u>		Number Water Wells within 1/2 mile radius: <u>8</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>950</u> None <input type="checkbox"/>	Surface Water <u>600</u> None <input type="checkbox"/>	
	Wetlands <u>3120</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock <u>1500</u> None <input type="checkbox"/>	Occupied Building <u>1000</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

No further action is required. Laboratory analytical results for confirmation soil samples N01@2', N02@2', E01@2', S01@2', S02@2', W01@2', B01@3', and B02@3' indicate that TPH and BTEX levels at the extent of the excavation are in compliance with COGCC allowable levels. Based on the soil sample analytical results, Kerr-McGee is requesting a NFA status for this site.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 01/13/2015
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)	
During production operations at the Howard 3C, 28N, 29N-28HZ, Howard 16N, 37C, 38C-33HZ, D&C Farms 14N, 35C, 36C-33HZ facility, valves were configured incorrectly causing excess production to accumulate and over flow a temporary tank on-site. Approximately 25 bbls of oil was released inside unlined containment. Approximately 20 bbls of oil was recovered using a vacuum truck.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The valve alignment procedure was reviewed with the responsible contractor.	
Volume of Soil Excavated (cubic yards): 130	
Disposition of Excavated Soil (attach documentation) <input checked="" 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: Sam LaRue
Title: Sr. HSE Representative Date: 01/16/2015 Email: Sam.LaRue@anadarko.com

Attachment Check List

Att Doc Num	Name
400769911	OTHER
400769913	TOPOGRAPHIC MAP
400769934	ANALYTICAL RESULTS
400772597	ANALYTICAL RESULTS
400772809	SITE MAP

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)