

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:

400766518

Date Received:

01/09/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

159776

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) 515-1238</u>
Zip: <u>80217-3779</u>		Email: <u>Sam.LaRue@anadarko.com</u>
Contact Person: <u>Sam LaRue</u>		

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 6Latitude: 40.015905 Longitude: -104.899639Municipality (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 <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Approximately 25 bbls of oil was released inside unlined containment.

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: Cloudy, 35FSurface 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

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

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: 01/09/2015 Email: Sam.LaRue@anadarko.com

COA Type

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400766518	FORM 19 SUBMITTED
400766527	OTHER
400767703	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)