

# 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:

400802626

Date Received:

03/04/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

436983

## 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: OXY USA WTP LPOperator No: 66571Address: P O BOX 27757 #110City: HOUSTONState: TXZip: 77227-7757Contact Person: Blair Rollins

#### Phone Numbers

Phone: (970) 263-3637Mobile: (970) 640-6919Email: blair\_rollins@oxy.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400597258Initial Report Date: 04/28/2014Date of Discovery: 04/26/2014Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR sww SEC 17 TWP 6s RNG 97w MERIDIAN 6Latitude: 39.518308 Longitude: -108.248709Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: WELL PAD☒ Facility/Location ID No 335903☐ 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): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: OTHEROther(Specify): RangelandWeather Condition: CloudySurface 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 12:00pm Saturday, April 26th, 2014, an Oxy employee discovered a release adjacent to the production units on the 697-17-50 Waterfall pad. A production unit had a needle valve on a choke cap suffer sand erosion to the point of failure. The compromised cap/valve allowed produced water to release from the piping. The flow was shut off to the unit to ensure there was not any further fluid loss before the cap could be replaced. The impact of the released liquid was limited to the working surface of the location and no waterway of the US were impacted.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/26/2014	COGCC	Carlos Lujan	-	emailed
4/26/2014	Garfield County	Kirby Wynn	-	emailed

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/03/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	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, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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>25</u>		Width of Impact (feet): <u>25</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>1</u>	
How was extent determined?			
Oxy determined extent of contamination by visual identification of the spill and the utilization of a photo-ionization detector to field screen the impacted material and excavation area.			
Soil/Geology Description:			
Utso-Rock outcrop complex, 40-90 percent slopes (map unit symbol 71). During excavation, native shaley soil was encountered throughout the excavation profile.			
Depth to Groundwater (feet BGS) <u>80</u>		Number Water Wells within 1/2 mile radius: <u>2</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>600</u> None <input type="checkbox"/>	Surface Water <u>680</u> None <input type="checkbox"/>	
	Wetlands <u>680</u> None <input type="checkbox"/>	Springs <u>3120</u> None <input type="checkbox"/>	
	Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>	
Additional Spill Details Not Provided Above:			
Laboratory analytical results identify all analytes to be below COGCC Table 910-1 standards for the spoils pile, except for sodium adsorption ratio (SAR). To address the elevated SAR value, Oxy will spread out the spoils onto the active working surface of the pad and at the end of the life of the pad Oxy will cap the pad with at least three feet of native material. Oxy is therefore requesting closure of this spill.			

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	03/03/2015		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" 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)				
<div>A production unit had a needle valve on a choke cap suffer sand erosion to the point of failure. The compromised cap/valve allowed produced water to release from the piping. The flow was shut off to the unit to ensure there was not any further fluid loss before the cap could be replaced.</div>				
Describe measures taken to prevent the problem(s) from reoccurring:				
<div>The choke cap and needle valve was replaced to ensure no additional produced water was spilled.</div>				
Volume of Soil Excavated (cubic yards):		3		
Disposition of Excavated Soil (attach documentation)		<input type="checkbox"/> Offsite Disposal	<input checked="" 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: Blair Rollins

Title: HES Specialist Date: 03/04/2015 Email: blair\_rollins@oxy.com

## Attachment Check List

Att Doc Num	Name
400803491	ANALYTICAL RESULTS

Total Attach: 1 Files

## General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)