

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:

400808425

Date Received:

03/13/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

441107

SPILL/RELEASE REPORT (INITIAL /w 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>KERR MCGEE OIL & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(303) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-3656</u>
Contact Person: <u>Phillip Hamlin</u>		Email: <u>Phil.Hamlin@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400808425

Initial Report Date: 03/12/2015 Date of Discovery: 03/12/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 29 TWP 3N RNG 65W MERIDIAN 6

Latitude: 40.192707 Longitude: -104.692232

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 329106
 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): Unknown Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

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

Specify: An unknown volume of produced water was released onto the subsurface.

Land Use:

Current Land Use: OTHER Other(Specify): Tank Battery

Weather Condition: 50 Degrees F, Sunny

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):

On March 5, 2015, oil and produced water was identified surfacing on the ground surface above a dumpline located north of the tank battery associated with the HSR-Rainin 13-29 well. The volume of the release is unknown. Internal corrosion was identified upon excavation of the dumpline. The impacted soil was excavated and confirmation soil samples were collected. Approximately 300 cubic yards of soil were excavated and transported to Buffalo Ridge Landfill in Keenesburg, Colorado for disposal. Confirmation soil samples were collected from the excavation and the analytical results and excavation details are provided below. A topographic Site Location Map showing the general location of the release is attached as Figure 1.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/13/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" 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>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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): 20	Width of Impact (feet): 20	
	Depth of Impact (feet BGS): 22	Depth of Impact (inches BGS): _____	
How was extent determined?			
On March 6, 2015, four soil confirmation sidewall samples (N01@12', E01@12', S01@12', and W01@12') and one base soil sample (B01@20') were collected from the excavation and submitted for laboratory analysis of TPH, BTEX, pH, and EC. Laboratory analytical results for the soil samples indicated that base confirmation soil sample B01@20' exceeded the COGCC allowable level for TPH at a concentration of 550 mg/kg. The laboratory analytical results for the sidewall confirmation soil samples (N01@12', E01@12', S01@12', and W01@12') indicated that that TPH, BTEX, pH, and EC were in compliance with COGCC allowable levels. On March 9, 2015, one additional base soil sample (B02@20') was collected from the base of the excavation and one soil sample (B03@22') was collected at a depth of two feet below the base of the excavation and submitted for laboratory analysis. Laboratory analytical results for soil samples B02@20' and B03@22' indicated that TPH and benzene concentrations exceeded the COGCC allowable levels. In addition, soil sample B03@22' exceeded the COGCC allowable levels for toluene and total xylenes. Soil assessment activities are ongoing at the site. The general site layout, excavation dimensions, and soil sample locations are shown on the Excavation Site Map attached as Figure 2. The soil sample analytical results are summarized in Table 1 and the soil laboratory analytical reports are attached. Additional analytical results and assessment details will be provided in a supplemental report.			
Soil/Geology Description:			
Gravelly Sands			
Depth to Groundwater (feet BGS)	30	Number Water Wells within 1/2 mile radius:	8
If less than 1 mile, distance in feet to nearest	Water Well 1610	None <input type="checkbox"/>	Surface Water 2300 None <input type="checkbox"/>
	Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
	Livestock 1900	None <input type="checkbox"/>	Occupied Building 2000 None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	03/13/2015
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)		
On March 5, 2015, oil and produced water was identified surfacing on the ground surface above a dumpline located north of the tank battery associated with the HSR-Rainin 13-29 well. The volume of the release is unknown. Internal corrosion was identified upon excavation of the dumpline.		
Describe measures taken to prevent the problem(s) from reoccurring:		
The corroded dumpline will be repaired.		
Volume of Soil Excavated (cubic yards): 300		
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: Phillip Hamlin

Title: Sr. HSE Representative Date: 03/13/2015 Email: Phil.Hamlin@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
400808425	FORM 19 SUBMITTED
400808720	OTHER
400808721	ANALYTICAL RESULTS
400808723	ANALYTICAL RESULTS
400808785	TOPOGRAPHIC MAP
400809052	SITE MAP

Total Attach: 6 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)