

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:

400805812

Date Received:

03/10/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441111

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>(720) 929-6368</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(720) 929-7368</u>
Contact Person: <u>Mike Dinkel</u>		Email: <u>Mike.Dinkel@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400805812

Initial Report Date: 03/09/2015 Date of Discovery: 03/07/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 3 TWP 1N RNG 66W MERIDIAN 6

Latitude: 40.086168 Longitude: -104.768585

Municipality (if within municipal boundaries): Fort Lupton County: WELD

Reference Location:

Facility Type: WELL Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-123-39153

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): 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: Approximately 22 bbls of recycled produced water released onto unlined containment.

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: 25 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):

During well completion operations at the Burkhardt 34N-3HZ well, a truck driver was delivering and unloading recycled produced water into the recycled water tanks and forgot to disconnect the hose prior to driving away, resulting in four manifold valves breaking and releasing recycled produced water onto the wellpad. The release was isolated by shutting off valves. Approximately 22 bbls of recycled produced water were released onto unlined containment. A hydro-vac truck was used to recover approximately 22 bbls of the released recycled produced water. The recovered recycled produced water was transported to a licensed injection facility for disposal. 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>
3/7/2015	Ft Lupton	Todd Hodges	-Email	

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

Signed: _____ Print Name: Mike Dinkel

Title: Sr. HSE Representative Date: 03/10/2015 Email: Mike.Dinkel@anadarko.com

COA Type

Description

<u>COA Type</u>	<u>Description</u>

Attachment Check List

Att Doc Num

Name

400805812	FORM 19 SUBMITTED
400805813	OTHER
400806193	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)