

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400818078

Date Received:

04/02/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

441432

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: OXY USA WTP LPOperator No: 66571Address: 760 HORIZON DR #101City: GRAND JUNCTIONState: COZip: 81506Contact Person: Blair Rollins

Phone Numbers

Phone: (970) 2633637Mobile: (970) 6406919Email: blair_rollins@oxy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400818078Initial Report Date: 03/31/2015Date of Discovery: 03/30/2015Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 9 TWP 6s RNG 97w MERIDIAN 6Latitude: 39.534316 Longitude: -108.232625Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: PIPELINE☐ Facility/Location ID No _____☒ 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? Yes

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): >=100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHEROther(Specify): RangelandWeather Condition: Clear, warmSurface 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 2:30pm, on March 30, 2015, an Oxy employee discovered evidence of a produced water spill originating on the edge of a pipeline ROW. The suspected produced water gathering pipeline was isolated to stop the spill of produced water. Excavation was started on March 31st, to determine the exact source of the release. Based on the spill footprint and known depth of the pipeline, it appears that the release will be greater than 100 barrels outside of secondary containment. An emergency berm was constructed on the edge of the ROW to capture any produced water before leaving the ROW. Oxy found no evidence of down-gradient surface water impacts in the drainage west of the spill based on an investigation conducted on March 31, 2015.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
03/31/2015	COGCC	Stan Spencer	970-625-2497	Email sent, keep him posted on the investigation and cleanup
04/06/2015	Garfield County	Kirby Wynn	970-625-5905	Email sent, no response

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 Ops Specialist Date: 04/02/2015 Email: blair_rollins@oxy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400818078	FORM 19 SUBMITTED
400818527	SITE MAP
400818528	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

Agency	Assess and remediate in accordance w all applicable COGCC rules. Document all activities and results in supplemental Form 19 if remediated promptly, ortherwise submit F-27 plan for assessment and remediation.	04/03/2015 2:08:14 PM
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Total: 1 comment(s)