

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:

400819242

Date Received:

04/03/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441436

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> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1238</u>
Contact Person: <u>Sam LaRue</u>		Email: <u>Sam.LaRue@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400819242

Initial Report Date: 04/02/2015 Date of Discovery: 04/01/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 3 TWP 2N RNG 67W MERIDIAN 6Latitude: 40.172282 Longitude: -104.874173Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-123-16852

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): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: 70's, SunnySurface 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 31, 2015, hydrocarbon impacts were discovered during abandonment activities at the Richardson V3-2 production facility. Approximately 40 cubic yards of impacted material were excavated and transported to Front Range Regional Landfill in Erie, Colorado for disposal. Groundwater was encountered in the excavation area at approximately 3 feet below ground surface. A groundwater sample (GW01) was collected from the excavation area and submitted to Origins Laboratory in Denver, Colorado for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX) by USEPA Method 8260B. Analytical results received on April 1, 2015, indicated benzene, toluene, and total xylenes concentrations were above applicable COGCC Table 910-1 groundwater standards. Excavation activities are on-going at this location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
4/1/2015	County	Tom Parko	--Email	
4/1/2015	County	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: Senior HSE Representative Date: 04/03/2015 Email: Sam.LaRue@anadarko.com

COA Type **Description**

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400819242	FORM 19 SUBMITTED
400819366	ANALYTICAL RESULTS
400819570	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)