

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:

400821757

Date Received:

04/09/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

441432

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: <u>OXY USA WTP LP</u> | Operator No: <u>66571</u> | Phone Numbers |
| Address: <u>760 HORIZON DR #101</u> | | Phone: <u>(970) 263-3637</u> |
| City: <u>GRAND JUNCTION</u> | State: <u>CO</u> | Zip: <u>81506</u> |
| Contact Person: <u>Blair Rollins</u> | | Mobile: <u>(970) 263-3694</u> |
| | | Email: <u>blair_rollins@oxy.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400818078

Initial Report Date: 03/31/2015 Date of Discovery: 03/30/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 9 TWP 6s RNG 97w MERIDIAN 6

Latitude: 39.534316 Longitude: -108.232625

Municipality (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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

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

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Rangeland

Weather Condition: Clear, warm

Surface 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

| Date | Agency/Party | Contact | Phone | Response |
|-----------|-----------------|--------------|--------------|--|
| 3/31/2015 | COGCC | Stan Spencer | 970-625-2497 | Email sent, keep him posted on the investigation and cleanup |
| 4/6/2015 | Garfield County | Kirby Wynn | 970-625-5905 | Email sent, no response |

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 04/09/2015

| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
|-----------------|---------------|-----------------|--------------------------|
| OIL | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| CONDENSATE | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| PRODUCED WATER | <u>106</u> | <u>0</u> | <input type="checkbox"/> |
| DRILLING FLUID | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| FLOW BACK FLUID | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| OTHER E&P WASTE | <u>0</u> | <u>0</u> | <input type="checkbox"/> |

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 71 Width of Impact (feet): 20

Depth of Impact (feet BGS): 6 Depth of Impact (inches BGS): _____

How was extent determined?

Extent of contamination is still being determined by excavation of the spill impacted area.

Soil/Geology Description:

Parachute-Irigul complex, 5 - 30 percent slopes.

Depth to Groundwater (feet BGS) 250 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

| | | | | | |
|------------|-----------------|--|-------------------|-----------------|--|
| Water Well | <u> </u> | None <input checked="" type="checkbox"/> | Surface Water | <u>2170</u> | None <input type="checkbox"/> |
| Wetlands | <u>2170</u> | None <input type="checkbox"/> | Springs | <u>2170</u> | None <input type="checkbox"/> |
| Livestock | <u> </u> | None <input checked="" type="checkbox"/> | Occupied Building | <u> </u> | None <input checked="" type="checkbox"/> |

Additional Spill Details Not Provided Above:

The excavated material will be staged on the 609-14 well pad (Location ID 336005) within a lined containment to ensure the impacted soil will not migrate off the location. Once the extent of contamination has been determined, Oxy will collect soil samples of the impacted material to determine the feasibility of on-site treatment or if the material will all be taken off-site for disposal.

CORRECTIVE ACTIONS

| | | |
|--|---|---|
| #1 | Supplemental Report Date: | 04/09/2015 |
| 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) | | |
| The spill location was hydro-excavated to determine the point of pipeline failure. The spill was due to threading failure immediately behind the flange on the fiberglass pipeline. The failed portion of the pipeline was replaced and hydrotested to ensure additional spills would not occur. | | |
| Describe measures taken to prevent the problem(s) from reoccurring: | | |
| The failed portion of the pipeline was replaced and hydrotested to ensure additional spills would not occur. | | |
| Volume of Soil Excavated (cubic yards): | | |
| 5 | | |
| 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): _____ | | |
| Volume of Impacted Surface Water Removed (bbls): _____ | | |

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: 04/09/2015 Email: blair_rollins@oxy.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400821757 | FORM 19 SUBMITTED |
| 400822164 | AERIAL PHOTOGRAPH |
| 400822165 | TOPOGRAPHIC MAP |

Total Attach: 3 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)