

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:

400826939

Date Received:

04/20/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

441557

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# 400826939

Initial Report Date: 04/17/2015 Date of Discovery: 04/17/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 5 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.254158 Longitude: -104.801788

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 336632
 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? 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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): Unknown

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: Historical Release - Volume of the release is unknown.

Land Use:

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

Weather Condition: Cloudy and Rain, 35 degrees F

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):

Soil with historical petroleum hydrocarbon impacts was encountered beneath the water sump while deconstructing the UPRC Federal 5 -3K, 5-4K, 5-5K, 5-6K tank battery. There was no indication that the dumplines or water tank were leaking. The volume of the release is unknown. The petroleum hydrocarbon impacted soil is being excavated. Groundwater was encountered in the excavation at approximately 5 feet bgs. Laboratory analytical results received on April 17, 2015 confirmed benzene impacts to groundwater above the CGWQS at a concentration of 5.2 µg/L. The groundwater analytical results are summarized in Table 1. Additional soil and groundwater samples will be collected from the excavation. The analytical results and excavation details will be provided in a supplemental report. 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>
4/17/2015	County/Municipality	Tom Parko	-Email	
4/17/2015	County/Municipality	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: Sr. HSE Representative Date: 04/20/2015 Email: Sam.LaRue@anadarko.com

COA Type Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400826939	FORM 19 SUBMITTED
400827102	OTHER
400827249	TOPOGRAPHIC MAP
400827251	ANALYTICAL RESULTS

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)