

**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:

400823479

Date Received:

04/10/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441608

## 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 &amp; GAS ONSHORE LP</u>	Operator No: <u>47120</u>	<b>Phone Numbers</b>
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 336-3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 515-1238</u>
Zip: <u>80217-3779</u>		Email: <u>Sam.LaRue@anadarko.com</u>
Contact Person: <u>Sam LaRue</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400823479

Initial Report Date: 04/10/2015      Date of Discovery: 04/10/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 11 TWP 2S RNG 66W MERIDIAN 6Latitude: 39.899697 Longitude: -104.749990Municipality (if within municipal boundaries): \_\_\_\_\_ County: ADAMS

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 320424☐ 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): >=1 and <5Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Approximately 2 bbls of oil and produced water were released onto unlined containment.

#### Land Use:

Current Land Use: OTHER Other(Specify): Tank BatteryWeather Condition: Sunny, 50 degrees FSurface 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 a site inspection, oil and produced water were discovered on the ground surface near the separator resulting from a line failure at the HSR Van Schaack 4-11 site. Approximately 2 bbls of oil and produced water was released onto unlined containment. A hydro-vac truck was used to recover approximately 0.5 bbls of the released oil and produced water. The petroleum hydrocarbon impacted soil is being excavated. Groundwater was encountered in the excavation at approximately 7 feet bgs. Laboratory analytical results received on April 10, 2015 confirmed BTEX impacts to groundwater above the CGWQS. 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>
4/10/2015	Adams County	Gordon Stevens	-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: 04/10/2015 Email: Sam.LaRue@anadarko.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400823479	FORM 19 SUBMITTED
400823481	OTHER
400823598	ANALYTICAL RESULTS
400823712	TOPOGRAPHIC MAP

Total Attach: 4 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)