

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:

400820116

Date Received:

05/04/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441111

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>KERR MCGEE OIL & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(720) 929-6368</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(720) 929-7368</u>
Contact Person: <u>Mike Dinkel</u>		Email: <u>Mike.Dinkel@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400805812

Initial Report Date: 03/09/2015 Date of Discovery: 03/07/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 3 TWP 1N RNG 66W MERIDIAN 6

Latitude: 40.086168 Longitude: -104.768585

Municipality (if within municipal boundaries): Fort Lupton County: WELD

Reference Location:

Facility Type: WELL Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-123-39153

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? 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): >=5 and <100

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

Specify: Approximately 22 bbls of recycled produced water released onto unlined containment.

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: 25 degrees F, Sunny

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):

During well completion operations at the Burkhardt 34N-3HZ well, a truck driver was delivering and unloading recycled produced water into the recycled water tanks and forgot to disconnect the hose prior to driving away, resulting in four manifold valves breaking and releasing recycled produced water onto the wellpad. The release was isolated by shutting off valves. Approximately 22 bbls of recycled produced water were released onto unlined containment. A hydro-vac truck was used to recover approximately 22 bbls of the released recycled produced water. The recovered recycled produced water was transported to a licensed injection facility for disposal. 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

Date	Agency/Party	Contact	Phone	Response
3/7/2015	Ft Lupton	Todd Hodges	-Email	

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 04/03/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	22	22	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>

specify: Recycled Produced Water

Was spill/release completely contained within berms or secondary containment? YES 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): 100 Width of Impact (feet): 40

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

How was extent determined?

Four surface soil samples (SS01-SS04) were collected from the release area. Laboratory analytical results for the surface soil samples indicated that TPH, BTEX, pH, and EC levels are in compliance with COGCC allowable levels for SS01, SS02, and SS04. Surface soil sample SS03 exceeded the COGCC allowable level for TPH at 4,600 mg/kg. After removing impacted soil, one base soil sample (SS05@6") was collected from the shallow excavation near the location of SS03 and submitted for laboratory analysis. Laboratory analytical results for SS05@6" indicated that TPH, BTEX, pH, and EC levels are in compliance with COGCC allowable levels. Approximately 10 cubic yards of impacted soil were removed from the excavation and transported to the Kerr-McGee land treatment facility in Weld County, Colorado. A Site Map showing the general site layout, release dimensions, and soil sample locations is attached as Figure 2. The soil sample analytical results are summarized in Table 1 and the laboratory analytical reports are attached.

Soil/Geology Description:

Gravelly, sandy, clay/roadbase

Depth to Groundwater (feet BGS) 3

Number Water Wells within 1/2 mile radius: 10

If less than 1 mile, distance in feet to nearest	Water Well	<u>875</u>	None <input type="checkbox"/>	Surface Water	<u>3400</u>	None <input type="checkbox"/>
	Wetlands	<u>3690</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
	Livestock	<u>1830</u>	None <input type="checkbox"/>	Occupied Building	<u>1280</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	04/03/2015	
Cause of Spill (Check all that apply)			
<input checked="" type="checkbox"/> Human Error <input 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)			
During well completion operations at the Burkhardt 34N-3HZ well, a truck driver was delivering and unloading recycled produced water into the recycled water tanks and forgot to disconnect the hose prior to driving away, resulting in four manifold valves breaking and releasing recycled produced water onto the wellpad. The release was isolated by shutting off valves.			
Describe measures taken to prevent the problem(s) from reoccurring:			
The driver of the truck was reprimanded and the procedures were reviewed.			
Volume of Soil Excavated (cubic yards): 10			
Disposition of Excavated Soil (attach documentation)			
<input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment			
<input type="checkbox"/> Other (specify) _____			
Volume of Impacted Ground Water Removed (bbls): 0			
Volume of Impacted Surface Water Removed (bbls): 0			

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: _____

OPERATOR COMMENTS:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Mike Dinkel

Title: Staff HSE Representative Date: 05/04/2015 Email: Mike.Dinkel@anadarko.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

Att Doc Num	Name
400820116	FORM 19 SUBMITTED
400832932	TOPOGRAPHIC MAP
400832934	SITE MAP
400832941	ANALYTICAL RESULTS
400832948	ANALYTICAL RESULTS
400832952	ANALYTICAL RESULTS
400834991	OTHER

Total Attach: 7 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)