

# 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:

400853160

Date Received:

06/12/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441436

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

### 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 6

Latitude: 40.172282 Longitude: -104.874173

Municipality (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): 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:

#### Land Use:

Current Land Use: CROP LAND

Other(Specify):

Weather Condition: 70's, 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):

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**

Date	Agency/Party	Contact	Phone	Response
4/1/2015	County	Tom Parko	--Email	
4/1/2015	County	Roy Rudisill	--Email	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 06/12/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" type="checkbox"/>
PRODUCED WATER			<input checked="" 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: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>39</u>		Width of Impact (feet): <u>30</u>	
Depth of Impact (feet BGS): <u>3</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
Reference Supplemental Form 19 (document no. 400823335). See attached Form 27.			
Soil/Geology Description:			
Silty sand to silty clay.			
Depth to Groundwater (feet BGS) <u>3</u>		Number Water Wells within 1/2 mile radius: <u>12</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>200</u> None <input type="checkbox"/>	Surface Water <u>950</u> None <input type="checkbox"/>
		Wetlands <u></u> None <input checked="" type="checkbox"/>	Springs <u></u> None <input checked="" type="checkbox"/>
		Livestock <u>800</u> None <input type="checkbox"/>	Occupied Building <u>600</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

## 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: Sam LaRue

Title: Senior HSE Representative Date: 06/12/2015 Email: Sam.LaRue@anadarko.com

### Attachment Check List

**Att Doc Num**

**Name**

400853173

OTHER

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)