

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400862624

Date Received:

07/02/2015

Spill report taken by:

Spill/Release Point ID:

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>	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# 400862624

Initial Report Date: 07/02/2015 Date of Discovery: 07/02/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 25 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.103566 Longitude: -104.845464

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 317980
☐ 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? No

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

Estimated Oil Spill Volume(bbl): Unknown

Estimated Condensate Spill Volume(bbl): 0

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: Sunny, 80 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):

During abandonment activities at the Harold R Mixon Gas Unit-62N67W/25SW tank battery, petroleum hydrocarbon impacted groundwater was encountered while removing a produced water sump. There were no indications that the dumphines or produced water sump were leaking. The volume of the release is unknown. Groundwater was encountered in the excavation at approximately 5 feet below ground surface. One groundwater sample was collected and submitted for laboratory analysis for BTEX. Laboratory analytical results received on July 2, 2015 indicated that benzene and total xylenes concentrations exceeded the CGWQS at concentrations of 115 µg/L and 1,840 µg/L, respectively. The groundwater analytical results are summarized in Table 1. Excavation activities are ongoing at the site. 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>
7/2/2015	Weld County	Tom Parko	-Email	
7/2/2015	Weld County	Roy Rudisill	-Email	
7/2/2015	Landowner	Landowner	-Phone	

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: 07/02/2015 Email: Sam.LaRue@Anadarko.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400862681	OTHER
400862907	ANALYTICAL RESULTS
400862971	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)