

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:

400873203

Date Received:

07/24/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

442569

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 GATHERING LLC</u>	Operator No: <u>47121</u>	Phone Numbers
Address: <u>PO BOX 173779</u>		Phone: <u>(970) 336-3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 515-1176</u>
Zip: <u>80202-1918</u>		Email: <u>charles.chase@anadarko.com</u>
Contact Person: <u>Charles Chase</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400870745

Initial Report Date: 07/18/2015 Date of Discovery: 07/16/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 31 TWP 5S RNG 64W MERIDIAN 6Latitude: 39.579620 Longitude: -104.603214Municipality (if within municipal boundaries): _____ County: ARAPAHOE

Reference Location:

Facility Type: PIPELINE☐ Facility/Location ID No _____☒ 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): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Overcast, 80sSurface Owner: STATE

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 routine operations, a line failure was discovered on the 16-0000-6069-6" Pipeline. An unknown volume of oil was released into the subsurface from a corrosion hole in the pipeline. The line was isolated and blown down, and impacted soil was excavated from the area surrounding the release point. Excavation activities are ongoing; additional information will be provided in a supplemental Form 19. A topographic Site Location Map showing the location of the release is attached as Figure 1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/16/2015	County	Diane Kocis	-email	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/24/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<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: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <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): 115		Width of Impact (feet): 25	
Depth of Impact (feet BGS): 13		Depth of Impact (inches BGS): 6	
How was extent determined?			
<p>On July 16, 2015, a line failure on the 16-0000-6069-6" Pipeline was reported to the COGCC as a reportable release. An unknown volume of oil was released. Approximately 960 cubic yards of impacted material were removed and transported to the Tower Landfill in Commerce City, Colorado for disposal. Excavation activities were guided in the field using a photoionization detector (PID) to screen soils for volatile organic compound (VOC) concentrations. Seventeen soil samples were collected from the sidewalls and base of the excavation area at approximately 12 feet and 13 feet below ground surface (bgs), respectively. Soil samples were submitted to Origins Laboratory in Denver, Colorado for analysis of benzene, toluene, ethylbenzene, total xylenes (BTEX) and total petroleum hydrocarbons (TPH) – gasoline range organics (GRO) by USEPA Method 8260, and TPH – diesel range organics and oil range organics (DRO and ORO) by USEPA Method 8015. Analytical results indicated constituent concentrations were below applicable COGCC Table 910-1 soil standards in the soil samples collected from the final excavation extent. Groundwater was encountered in the northwest area of the excavation at approximately 13.5 feet bgs. Two groundwater samples (GW01 and GW02) were collected from the excavation area on July 20 and July 22, 2015, respectively, and submitted for laboratory analysis of BTEX. Analytical results indicated benzene concentrations were in exceedance of applicable COGCC Table 910-1 groundwater standards in both groundwater sample locations. Approximately 1 barrel of impacted groundwater was removed with impacted soil using a hydroexcavator and taken to Tower Landfill in Commerce City, CO for disposal. The excavation extent and soil and groundwater sample locations are illustrated on Figure 2. Soil analytical data is provided in Table 1 and groundwater analytical data is provided in Table 2.</p>			
Soil/Geology Description:			
Sandy clay			
Depth to Groundwater (feet BGS) 14		Number Water Wells within 1/2 mile radius: 7	
If less than 1 mile, distance in feet to nearest Water Well 1255 None <input type="checkbox"/>		Surface Water 3095 None <input type="checkbox"/>	

Wetlands _____ None ☒Springs _____ None ☒Livestock _____ None ☒Occupied Building _____ None ☒

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/24/2015

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

The failure in the line was caused by corrosion.

Describe measures taken to prevent the problem(s) from reoccurring:

The pipeline will be repaired and sacrificial anodes will be installed to prevent corrosion.

Volume of Soil Excavated (cubic yards): 960

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 1

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:

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

Signed: _____ Print Name: Charles Chase

Title: Senior HSE Representative Date: 07/24/2015 Email: charles.chase@anadarko.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400873458	ANALYTICAL RESULTS
400873483	TOPOGRAPHIC MAP
400873485	SITE MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)