

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:

400887809

Date Received:

08/21/2015

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

442969

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: KERR MCGEE OIL & GAS ONSHORE LP

Operator No: 47120

Address: P O BOX 173779

City: DENVER

State: CO

Zip: 80217-3779

Contact Person: Sam LaRue

Phone Numbers

Phone: (970) 336-3500

Mobile: (970) 515-1238

Email: Sam.LaRue@Anadarko.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400887809

Initial Report Date: 08/20/2015

Date of Discovery: 08/19/2015

Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 13 TWP 2N RNG 65W MERIDIAN 6

Latitude: 40.140340 Longitude: -104.614700

Municipality (if within municipal boundaries): 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) 05-123-32949

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? Yes

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

Estimated Oil Spill Volume(bbl): 0

Estimated Condensate Spill Volume(bbl): >=5 and <100

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Approximately 5 bbls of condensate and 110 bbls of produced water were released.

Land Use:

Current Land Use: CROP LAND

Other(Specify):

Weather Condition: 85 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):

A release from the UPRR X13-06 wellhead occurred when a tractor and implement struck and compromised the wellhead. Approximately 5 bbls of condensate and 110 bbls of produced water were released onto the ground surface. Excavation activities are ongoing at the site. Confirmation soil samples will be collected from the excavation and will be submitted for laboratory analysis of TPH, BTEX, pH, EC, and SAR (if applicable). The analytical results and excavation details will be provided in a supplemental report. A topographic Site Location Map depicting 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> |
|-------------|---------------------|----------------|--------------|-----------------|
| 8/19/2015 | Landowner | Landowner | -Verbally | |
| 8/19/2015 | Weld County | Roy Rudisil | -Phone | |
| 8/21/2015 | Weld County | Troy Swain | -Phone | |

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: Sam LaRue

Title: Sr. HSE Representative Date: 08/21/2015 Email: Sam.LaRue@Anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 400887809 | FORM 19 SUBMITTED |
| 400887895 | SITE MAP |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)