

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:

400887236

Date Received:

08/22/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

442971

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>OXY USA INC</u>	Operator No: <u>66561</u>	Phone Numbers
Address: <u>760 HORIZON DR #101</u>		Phone: <u>(970) 263-3637</u>
City: <u>GRAND JUNCTION</u> State: <u>CO</u> Zip: <u>81506</u>		Mobile: <u>(970) 640-6919</u>
Contact Person: <u>Blair Rollins</u>		Email: <u>blair_rollins@oxy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400887236

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 SENE SEC 7 TWP 10S RNG 94W MERIDIAN 6

Latitude: 39.206106 Longitude: -107.917612

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 334514
 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? 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): 0

Estimated Other E&P Waste Spill Volume(bbl): >=5 and <100 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Produced water and tank bottom sludge

Land Use:

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

Weather Condition: Sunny

Surface Owner: FEE Other(Specify): OXY USA Inc.

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):

At approximately 1:00PM on Wednesday (August 19, 2015) an Oxy contract hydrovac operator spilled approximately 10 barrels of produced water and tank bottom sludge outside of secondary containment during hydrovac unloading operations. During unloading activities, the back gate of the hydrovac truck lost hydraulic pressure and unexpectedly opened. The spilled material flushed out of the hydrovac truck, exited the lined secondary containment, and flowed down the fill slope off the pad and into a small stormwater diversion ditch and stormwater sediment pond. Oxy personnel and contractors immediately contained the running water within the ditch downgradient of the impacted area and began removing the liquid. Another onsite contractor immediately diverted the flowing water upgradient of the impacted area to aid in isolating and capturing all impacted soil and surface water. Impacted soil and water was removed and reintroduced into the secondary containment for disposal.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/20/2015	COGCC	Carlos Lujan	970-625-2497	No response yet
8/20/2015	Mesa County	Andrew Martsoff	970-244-1763	No response yet

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: Blair Rollins
Title: HES Specialist Date: 08/22/2015 Email: blair_rollins@oxy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400887236	FORM 19 SUBMITTED
400887307	TOPOGRAPHIC MAP
400887308	SITE MAP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)