

**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:

400891802

Date Received:

08/28/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

442971

## 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>OXY USA INC</u>	Operator No: <u>66561</u>	<b>Phone Numbers</b>
Address: <u>760 HORIZON DR #101</u>		Phone: <u>(970) 263-3637</u>
City: <u>GRAND JUNCTION</u>	State: <u>CO</u>	Mobile: <u>(970) 640-6919</u>
Zip: <u>81506</u>		Email: <u>blair_rollins@oxy.com</u>
Contact Person: <u>Blair Rollins</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 6Latitude: 39.206106 Longitude: -107.917612Municipality (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): 0Estimated 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): >=5 and <100Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Produced water and tank bottom sludge

#### **Land Use:**

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: SunnySurface Owner: FEEOther(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**

Date	Agency/Party	Contact	Phone	Response
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

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 08/28/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input 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	10	10	<input type="checkbox"/>

specify: Produced water and tank bottom sludge

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**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) ☒ Soil ☐ Groundwater ☒ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 30 Width of Impact (feet): 20

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS):

How was extent determined?

Extent of contamination was determined visually and screened by using a PID. Surface water was contained downgradient of the impacted area and removed for offsite disposal. Confirmation soil sampling has been coordinated with a third party contractor but will not be completed until 8/31/2015. Oxy will provide the results of the confirmation sampling and summary of activities report in a supplemental Form 19 for COGCC review and approval.

Soil/Geology Description:

Cerro silty clay loam, 2 - 6 percent slopes

Depth to Groundwater (feet BGS) 40 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest	Water Well <u>2662</u>	None <input type="checkbox"/>	Surface Water <u>50</u>	None <input type="checkbox"/>
	Wetlands <u>3034</u>	None <input type="checkbox"/>	Springs <u></u>	None <input checked="" type="checkbox"/>
	Livestock <u>150</u>	None <input type="checkbox"/>	Occupied Building <u>2155</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 08/28/2015
Cause of Spill (Check all that apply) <input checked="" type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure) <div>The point of failure was the airplane wing located on the left side of the rear hatch door. The airplane wings (door lock system) would not move, allowing the door hinge system to malfunction and lose hydraulic control of the rear door. The door unexpected opened completely and released the contents of the hydrovac truck all at once.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>The equipment was taken out of service to ensure all mechanical issues were fixed with the door hinge system. During unloading activities, all malfunctioning airplane wings will be monitored to ensure proper unloading activities are completed.</div>	
Volume of Soil Excavated (cubic yards): 2	
Disposition of Excavated Soil (attach documentation) <input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): 0	
Volume of Impacted Surface Water Removed (bbls): 5	

## 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: Blair Rollins  
Title: HES Specialist Date: 08/28/2015 Email: blair\_rollins@oxy.com

## COA Type

## Description

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## Attachment Check List

### Att Doc Num

### Name

400891802	FORM 19 SUBMITTED
400891852	AERIAL PHOTOGRAPH
400891853	TOPOGRAPHIC MAP

Total Attach: 3 Files

## General Comments

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

Total: 0 comment(s)