

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400890860

Date Received:

08/28/2015

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

442969

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: KERR MCGEE OIL & GAS ONSHORE LP	Operator No: 47120	Phone Numbers
Address: P O BOX 173779		Phone: (970) 336-3500
City: DENVER State: CO Zip: 80217-3779		Mobile: (970) 515-1161
Contact Person: Phillip Hamlin		Email: Phil.Hamlin@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

Date	Agency/Party	Contact	Phone	Response
8/19/2015	Landowner	Landowner	-Verbally	
8/19/2015	Weld County	Roy Rudisil	-Phone	
8/21/2015	Weld County	Troy Swain	-Phone	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/28/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	5		<input checked="" type="checkbox"/>
PRODUCED WATER	110		<input checked="" 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 type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 640		Width of Impact (feet): 295	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Excavation activities are ongoing at the site. Confirmation soil samples will be collected from the excavation and release area 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.			
Soil/Geology Description:			
Fine grain sand, trace clay.			
Depth to Groundwater (feet BGS) 7		Number Water Wells within 1/2 mile radius: 12	
If less than 1 mile, distance in feet to nearest	Water Well 390	None <input type="checkbox"/>	Surface Water 500
	Wetlands 500	None <input type="checkbox"/>	Springs _____
	Livestock 680	None <input type="checkbox"/>	Occupied Building 560
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 08/28/2015
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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)

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.

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

The wellhead will be repaired and protective fencing will be reinstalled.

Volume of Soil Excavated (cubic yards): _____

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

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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: Phillip Hamlin
Title: Sr. HSE Representative Date: 08/28/2015 Email: Phil.Hamlin@Anadarko.com

Attachment Check List

Att Doc Num	Name
400890860	FORM 19 SUBMITTED
400891960	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)