

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:

400900734

Date Received:

09/24/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

442349

## 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	<b>Phone Numbers</b> Phone: (970) 336-3500 Mobile: (970) 515-1161 Email: Phil.Hamlin@Anadarko.com
Address: P O BOX 173779		
City: DENVER	State: CO Zip: 80217-3779	
Contact Person: Phillip Hamlin		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400862624

Initial Report Date: 07/02/2015 Date of Discovery: 07/02/2015 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 25 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.103566 Longitude: -104.845464

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 317980  
☐ 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): Unknown

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Historical Release - Volume of the release is unknown.

#### Land Use:

Current Land Use: OTHER Other(Specify): Tank Battery

Weather Condition: Sunny, 80 Degrees F

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):

During abandonment activities at the Harold R Mixon Gas Unit-62N67W/25SWSW tank battery, petroleum hydrocarbon impacted groundwater was encountered while removing a produced water sump. There were no indications that the dumphines or produced water sump were leaking. The volume of the release is unknown. Groundwater was encountered in the excavation at approximately 5 feet below ground surface. One groundwater sample was collected and submitted for laboratory analysis for BTEX. Laboratory analytical results received on July 2, 2015 indicated that benzene and total xylenes concentrations exceeded the CGWQS at concentrations of 115 µg/L and 1,840 µg/L, respectively. The groundwater analytical results are summarized in Table 1. Excavation activities are ongoing at the site. The analytical results and excavation details will be provided in a supplemental report. A topographic Site Location Map showing 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
7/2/2015	Weld County	Tom Parko	-Email	
7/2/2015	Weld County	Roy Rudisill	-Email	
7/2/2015	Landowner	Landowner	-Phone	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 09/24/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER			<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>			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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): 36		Width of Impact (feet): 35	
Depth of Impact (feet BGS): 6		Depth of Impact (inches BGS): _____	
How was extent determined?			
Please refer to the Form 19 Supplemental previously submitted on July 10, 2015.			
Soil/Geology Description:			
Please refer to the Form 19 Supplemental previously submitted on July 10, 2015.			
Depth to Groundwater (feet BGS) 5		Number Water Wells within 1/2 mile radius: 23	
If less than 1 mile, distance in feet to nearest		Water Well 350	None <input type="checkbox"/>
		Wetlands	None <input checked="" type="checkbox"/>
		Livestock 390	None <input type="checkbox"/>
		Surface Water 225	None <input type="checkbox"/>
		Springs	None <input checked="" type="checkbox"/>
		Occupied Building 350	None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

A Form 27 is attached.

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 09/24/2015
Cause of Spill (Check all that apply)	
<input 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)	
Please refer to the Form 19 Supplemental previously submitted on July 10, 2015.	
Describe measures taken to prevent the problem(s) from reoccurring:	
Please refer to the Form 19 Supplemental previously submitted on July 10, 2015.	
Volume of Soil Excavated (cubic yards): 280	
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): 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: 9264

## 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: 09/24/2015 Email: Phil.Hamlin@Anadarko.com

## COA Type

## Description

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## Attachment Check List

Att Doc Num	Name
400900743	OTHER
400900749	ANALYTICAL RESULTS
400905192	OTHER

Total Attach: 3 Files

## General Comments

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

Total: 0 comment(s)