

**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:

400908215

Date Received:

09/30/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

442569

## 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>KERR MCGEE GATHERING LLC</u>	Operator No: <u>47121</u>	<b>Phone Numbers</b>
Address: <u>PO BOX 173779</u>		Phone: <u>(970) 336-3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 515-1176</u>
Zip: <u>80217</u>		Email: <u>charles.chase@anadarko.com</u>
Contact Person: <u>Charles Chase</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400870745

Initial Report Date: 07/18/2015      Date of Discovery: 07/16/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 31 TWP 5S RNG 64W MERIDIAN 6Latitude: 39.579620 Longitude: -104.603214Municipality (if within municipal boundaries): \_\_\_\_\_ County: ARAPAHOE

#### Reference Location:

Facility Type: PIPELINE☐ Facility/Location ID No \_\_\_\_\_☒ 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): UnknownEstimated 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): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### **Land Use:**

Current Land Use: NON-CROP LAND

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

Weather Condition: Overcast, 80sSurface Owner: STATE

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 routine operations, a line failure was discovered on the 16-0000-6069-6" Pipeline. An unknown volume of oil was released into the subsurface from a corrosion hole in the pipeline. The line was isolated and blown down, and impacted soil was excavated from the area surrounding the release point. Excavation activities are ongoing; additional information will be provided in a supplemental Form 19. A topographic Site Location Map showing the location of the release is attached as Figure 1.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
7/16/2015	County	Diane Kocis	-email	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 09/30/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" 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	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 &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<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): <u>115</u>		Width of Impact (feet): <u>25</u>	
Depth of Impact (feet BGS): <u>13</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Reference Initial/Supplemental Form 19 (document No. 400873203). See Attached Form 27.			
Soil/Geology Description:			
Sandy Clay			
Depth to Groundwater (feet BGS) <u>14</u>		Number Water Wells within 1/2 mile radius: <u>7</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>1255</u> None <input type="checkbox"/>	Surface Water <u>3095</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			

## 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: 9277

### 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: Charles Chase

Title: Staff HSE Representative Date: 09/30/2015 Email: charles.chase@anadarko.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

400908647	OTHER
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Total Attach: 1 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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Total: 0 comment(s)