

# State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400960907

Date Received:

01/05/2016

Spill report taken by:

Spill/Release Point ID:

## SPILL/RELEASE REPORT (INITIAL /w 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 WTP LP</u>	Operator No: <u>66571</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# 400960907

Initial Report Date: 12/29/2015 Date of Discovery: 12/29/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 8 TWP 6s RNG 97w MERIDIAN 6

Latitude: 39.542486 Longitude: -108.236194

Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 324100  
☐ 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? No

*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): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

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

#### Land Use:

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

Weather Condition: Partly cloudy

Surface Owner: FEE Other(Specify): OXY USA WTP LP

#### 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 07:30 AM on Tuesday (December 29, 2015) an Oxy employee discovered a spill of produced water coming from a broken pump located inside secondary containment. The pump had frozen during the night due to a failed glycol bath and consequently broke. The pump was isolated and removed from service to stop the flow of produced water.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/30/2015	COGCC	Stan Spencer	970-625-2497	
12/30/2015	Garfield County	Kirby Wynn	970-625-5905	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/30/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	75	75	<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>YES</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 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): <u>43</u>		Width of Impact (feet): <u>52</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>8</u>	
How was extent determined?			
The entire spill was contained inside a lined secondary containment and therefore the extent of the spill was based on the secondary containment footprint.			
Soil/Geology Description:			
Parachute - Irigul complex, 5 - 30 percent slopes.			
Depth to Groundwater (feet BGS) <u>200</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>2880</u> None <input type="checkbox"/>	Surface Water <u>2573</u> None <input type="checkbox"/>	
	Wetlands <u>2573</u> None <input type="checkbox"/>	Springs <u>2348</u> None <input type="checkbox"/>	
	Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>	
Additional Spill Details Not Provided Above:			
All spilled liquids were contained inside the lined secondary containment and removed by vacuum truck.			

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	12/30/2015
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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)

The spill was due to a broken pump which cracked when the glycol heat bath failed and stopped circulating glycol to the pump.

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

The pump was isolated and replaced.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment  
☐ 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: \_\_\_\_\_

## 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: 01/05/2016 Email: blair\_rollins@oxy.com

COA Type	Description

## Attachment Check List

Att Doc Num	Name
400961447	AERIAL PHOTOGRAPH
400961449	TOPOGRAPHIC MAP

Total Attach: 2 Files

## General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)