

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:

400967840

Date Received:

01/11/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

444512

SPILL/RELEASE REPORT (INITIAL)

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 OIL & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 336-3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 515-1238</u>
Zip: <u>80217-3779</u>		Email: <u>Sam.LaRue@Anadarko.com</u>
Contact Person: <u>Sam LaRue</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400967840

Initial Report Date: 01/11/2016 Date of Discovery: 01/08/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 24 TWP 2N RNG 67W MERIDIAN 6Latitude: 40.128683 Longitude: -104.835384Municipality (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) 05-123-39172

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): >=5 and <100Estimated Condensate Spill Volume(bbl): >=5 and <100Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Well PadWeather Condition: Cloudy; Light Snow; 25 degrees FSurface 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 occurred at the Gee 15C-25HZ well head during workover operations. Oil, condensate, and produced water released from the well head and misted onto the ground surface, two isolated gravel quarry ponds, and a wetland fringe area along a dry drainage. The volume of the release is still being investigated. Excavation and cleanup 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). Surface water samples will be collected from the two ponds for laboratory analysis of BTEX. The analytical results and excavation details will be provided in a supplemental report. A topographic Site Location Map of the general release area is provided as Figure 1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/8/2016	Weld County	Roy Rudisill	-	Notified via Email
1/8/2016	Weld County	Troy Swain	-	Notified via Email
1/8/2016	Weld County	Tom Parko	-	Notified via Email
1/8/2016	Landowner	Landowner	-	Notified via Phone
1/8/2016	Landowner	Landowner	-	Notified in Person
1/8/2016	CDPHE		-	Notified via Voicemail
1/8/2016	NRC		-	Notified via Phone

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: Sam LaRue
Title: Sr. HSE Representative Date: 01/11/2016 Email: Sam.LaRue@Anadarko.com

COA Type **Description**

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400967840	FORM 19 SUBMITTED
400967925	OTHER
400968463	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)