

State of Colorado
Oil and Gas Conservation Commission

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400973878

Date Received:

01/29/2016

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.

Spill report taken by:
GINTAUTAS, PETER

Spill/Release Point ID:
443884

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> Zip: <u>80217-3779</u>		Mobile: <u>()</u>
Contact Person: <u>Phillip Hamlin</u>		Email: <u>Phil.Hamlin@Anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400929495

Initial Report Date: 11/03/2015 Date of Discovery: 11/02/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 21 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.209790 Longitude: -104.903825

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 329337
 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): Unknown

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 - The volume of the release is unknown.

Land Use:

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

Weather Condition: Sunny, 60 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 deconstruction activities at the HSR-Redmond-63N67W/21NWSW tank battery, petroleum hydrocarbon impacted groundwater was encountered beneath the produced water sump. There were no indications that the dumlines 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. An initial groundwater sample (GW01) was collected and submitted for laboratory analysis of BTEX. Laboratory analytical results received on November 2, 2015, indicated that the benzene concentration exceeded the CGWQS at a concentration of 5.1 µg/L. The analytical results and excavation details are summarized below. 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
11/2/2015	Weld County	Roy Rudisill	-	Notified via Email
11/2/2015	Weld County	Troy Swain	-	Notified via Email
11/2/2015	Weld County	Tom Parko	-	Notified via Email
11/2/2015	Landowner	Landowner	-	Notified by Certified Mail

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/29/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 20 Width of Impact (feet): 15

Depth of Impact (feet BGS): 5 Depth of Impact (inches BGS): _____

How was extent determined?

Please refer to the Form 19 Supplemental submitted to the COGCC on November 5, 2015.

Soil/Geology Description:

Please refer to the Form 19 Supplemental submitted to the COGCC on November 5, 2015.

Depth to Groundwater (feet BGS) 5 Number Water Wells within 1/2 mile radius: 5

If less than 1 mile, distance in feet to nearest

Water Well	<u>1720</u>	None <input type="checkbox"/>	Surface Water	<u>250</u>	None <input type="checkbox"/>
Wetlands	<u>250</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>2380</u>	None <input type="checkbox"/>	Occupied Building	<u>1700</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A Form 27 and a Sump Excavation Report are attached.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/29/2016

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)

Please refer to the Form 19 Supplemental submitted to the COGCC on November 5, 2015.

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

Please refer to the Form 19 Supplemental submitted to the COGCC on November 5, 2015.

Volume of Soil Excavated (cubic yards): 10

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

Volume of Impacted Ground Water Removed (bbls): 24

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:

Note that the 1-mile radius receptor to surface water has changed since the original Form 19 (November 2015).

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: 01/29/2016 Email: Phil.Hamlin@Anadarko.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400973899	OTHER
400973900	TOPOGRAPHIC MAP
400979498	OTHER
400980529	OTHER

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)