

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

400973878

Date Received:

01/29/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

443884

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

### 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&amp;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 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. 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		
<b>FLUIDS</b>	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	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>20</u>		Width of Impact (feet): <u>15</u>	
Depth of Impact (feet BGS): <u>5</u>		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) <u>5</u>		Number Water Wells within 1/2 mile radius: <u>5</u>	
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
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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)

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

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## Attachment Check List

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

Total Attach: 4 Files

## General Comments

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

Total: 0 comment(s)