

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:

400993526

Date Received:

02/23/2016

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

444878

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	Phone Numbers Phone: (970) 336-3500 Mobile: (970) 515-1238 Email: Sam.LaRue@anadarko.com
Address: P O BOX 173779		
City: DENVER	State: CO Zip: 80217-3779	
Contact Person: Sam LaRue		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400989031

Initial Report Date: 02/15/2016 Date of Discovery: 02/13/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 25 TWP 1N RNG 68W MERIDIAN 6

Latitude: 40.016982 Longitude: -104.955940

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 328564
☐ 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): >=1 and <5

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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: 50's, Sunny.

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):

On February 13, 2016, a dumpline release was discovered by an operator during routine activities at the UPRC-61N68W/25NWSW production facility. Between one and five barrels of oil were released outside the secondary containment but remained on the lease property. Site assessment activities are on-going at this time and will be summarized in a subsequent Supplemental Form 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/13/2016	County	Troy Swain	--Email	
3/2/2016	County	Roy Rudisill	--Email	
2/13/2016	County	Tom Parko	--Email	
2/13/2016	Land Owner	Private	--Phone	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/22/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	5	0	<input 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>			
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) <input checked="" 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): _____		Width of Impact (feet): _____	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
On February 13, 2016, a surface release above the dumpline was discovered by an operator during routine activities at the UPRC-61N68W/25NWSW production facility. Between one and five barrels of oil were released outside the secondary containment but remained on the lease property. Site assessment activities are on-going at this time and will be summarized in a subsequent Supplemental Form 19.			
Soil/Geology Description:			
Road base.			
Depth to Groundwater (feet BGS) <u>310</u>		Number Water Wells within 1/2 mile radius: <u>17</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>445</u> None <input type="checkbox"/>	Surface Water <u>935</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock <u>1680</u> None <input type="checkbox"/>	Occupied Building <u>1540</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 02/22/2016
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown	
<input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure)	
During routine operations, an operator discovered a surface release above the dumpline.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The dumpline will be replaced.	
Volume of Soil Excavated (cubic yards): 0	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> 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:

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: Senior HSE Representative	Date: 02/23/2016
Email: Sam.LaRue@anadarko.com	

COA Type	Description

Attachment Check List

Att Doc Num	Name
400993526	FORM 19 SUBMITTED
400993589	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)