

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:

401001469

Date Received:

03/08/2016

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

439531

## 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> Phone: (970) 336-3500 Mobile: (970) 336-3656 Email: phil.hamlin@anadarko.com
Address: P O BOX 173779		
City: DENVER	State: CO Zip: 80217-3779	
Contact Person: Phil Hamlin		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400687505

Initial Report Date: 09/15/2014 Date of Discovery: 09/12/2014 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 25 TWP 3N RNG 68W MERIDIAN 6

Latitude: 40.193176 Longitude: -104.947605

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 331483  
☐ 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): 0 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:

#### Land Use:

Current Land Use: CROP LAND Other(Specify):

Weather Condition: Rainy, 45 degrees

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):

A historical release was discovered during battery decommissioning activities at the Rademacher 9,16-25A, 10, 15, 23, 37, 38, 39-25 production facility. Approximately 100 cubic yards of impacted soil were removed and transported to Kerr-McGee's land treatment facility in Weld County, Colorado. Groundwater was encountered in the excavation area at approximately 4.5 feet below ground surface (bgs). A groundwater sample (GW01) was collected and submitted to for analysis of benzene, toluene, ethylbenzene, total xylenes (BTEX) using USEPA Method 8260B. Analytical results received on September 12, 2014 indicate benzene concentrations are in exceedance of the applicable COGCC Table 910-1 groundwater standards, causing this release to be reportable. Groundwater analytical results are summarized in the attached Table 1 and laboratory analytical report.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
9/12/2014	County	Tom Parko	-Email	
9/12/2014	County	Roy Rudisill	-Email	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 03/08/2016		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input 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? 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): 20

Depth of Impact (feet BGS): 4 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined? \_\_\_\_\_

Reference Supplemental Form 19 (Document No. 400689212). See Attached Form 27.

Soil/Geology Description:

Silty sand to silty clay

Depth to Groundwater (feet BGS) 4 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest

Water Well	<u>650</u>	None <input type="checkbox"/>	Surface Water	<u>260</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock		None <input checked="" type="checkbox"/>	Occupied Building	<u>1200</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## 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: 9557

### 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: Phil Hamlin

Title: Senior HSE Representative Date: 03/08/2016 Email: phil.hamlin@anadarko.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

401001469	FORM 19 SUBMITTED
401001482	OTHER

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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Total: 0 comment(s)