

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:

401024607

Date Received:

04/08/2016

Spill report taken by:

Spill/Release Point ID:

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>(720) 929.4306</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>()</u>
Contact Person: <u>Erik Mickelson</u>		Email: <u>erik.mickelson@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401024607

Initial Report Date: 04/08/2016 Date of Discovery: 04/05/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 14 TWP 1S RNG 68W MERIDIAN 6

Latitude: 39.966631 Longitude: -104.966438

Municipality (if within municipal boundaries): Thornton County: ADAMS

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 320310
 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? No

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 <100 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: Sunny, windy, 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):

On April 5, 2016, a release was discovered at the Green 61S68W/14SWNE facility (Location ID 320310). An estimated 45 barrels of crude oil was released into the unlined secondary containment berm, from a hole located just above the base of the oil tank. The compromised storage tank was removed from service and excavation of impacted soil commenced on April 6, 2016. Groundwater was encountered within the excavation pit at approximately 5 feet below ground surface (bgs). Groundwater and soil confirmation samples are being collected from the excavation, and surface water samples have been collected from the adjacent surface water feature, located approximately 120 feet to the east of the facility. Remediation and assessment activities are ongoing and further information will be provided in a forthcoming Form 19 Supplemental report. A regional topographic facility location map 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>
4/5/2016	Adams County	Gordon Stevens	--email	email forwarded to Jen Rutter
4/5/2016	City of Thornton	Lori Hight	--email	email forwarded to Robb Kolstad

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: Erik Mickelson

Title: Senior HSE Representative Date: 04/08/2016 Email: erik.mickelson@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401024640	TOPOGRAPHIC MAP
401024641	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)