

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401021789

Date Received:

04/13/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

444585

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: (970) 515-1161 Address: P O BOX 173779 City: DENVER State: CO Zip: 80217-3779 Contact Person: Phillip Hamlin Email: Phil.Hamlin@Anadarko.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400972729

Initial Report Date: 01/18/2016 Date of Discovery: 01/15/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 30 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.193911 Longitude: -104.935524

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 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): 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: The volume of the release is unknown.

Land Use:

Current Land Use: OTHER Other(Specify): Tank Battery Pad Weather Condition: Sunny, 30 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 [X] 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):

At the HSR-Rademacher 63N67W/30SESW location, an operator discovered a release from an oil bypass line due to a corrosion hole. An unknown volume of oil was released into the subsurface. During excavation activities, groundwater was encountered in the excavation at approximately 4 feet below ground surface. One excavation groundwater sample (GW01) was collected and submitted for laboratory analysis of BTEX. Laboratory analytical results received on January 15, 2016 indicated that benzene exceeded the CGWQS at 87.1 µg/L. Excavation soil and groundwater analytical results will be summarized in a supplemental report. A topographic Site Location Map showing the general location of the release is provided as Figure 1.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
1/15/2016	Weld County	Roy Rudisill	-	Notified via Email
1/15/2016	Weld County	Troy Swain	-	Notified via Email
1/15/2016	Weld County	Tom Parko	-	Notified via Email
1/15/2016	Landowner	Landowner	-	Notified via Phone

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 04/13/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input 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: The volume of the release is unknown.

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): 74 Width of Impact (feet): 33

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

How was extent determined?

Please refer to the Form 19 Supplemental submitted to the COGCC on January 25, 2016.

Soil/Geology Description:

Please refer to the Form 19 Supplemental submitted to the COGCC on January 25, 2016.

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

If less than 1 mile, distance in feet to nearest

Water Well	<u>2100</u>	None <input type="checkbox"/>	Surface Water	<u>430</u>	None <input type="checkbox"/>
Wetlands	<u>20</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>2650</u>	None <input type="checkbox"/>	Occupied Building	<u>1000</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A Form 27 is attached.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/13/2016

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 January 25, 2016.

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

Please refer to the Form 19 Supplemental submitted to the COGCC on January 25, 2016.

Volume of Soil Excavated (cubic yards): 180

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

Volume of Impacted Ground Water Removed (bbls): 15

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: Phillip Hamlin  
 Title: Senior HSE Representative Date: 04/13/2016 Email: Phil.Hamlin@Anadarko.com

COA Type	Description

### Attachment Check List

Att Doc Num	Name
401021793	TOPOGRAPHIC MAP
401021794	OTHER
401027033	OTHER

Total Attach: 3 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)