

State of Colorado  
Oil and Gas Conservation Commission

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401035915

Date Received:

05/02/2016

**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.

Spill report taken by:  
**GINTAUTAS, PETER**

Spill/Release Point ID:  
**444847**

**OPERATOR INFORMATION**

Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Operator No: <u>47120</u>	<b>Phone Numbers</b>
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>( )</u>
Contact Person: <u>Phillip Hamlin</u>		Email: <u>Phil.Hamlin@Anadarko.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 400986943

Initial Report Date: 02/10/2016 Date of Discovery: 02/09/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SENW SEC 13 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.225381 Longitude: -104.727598

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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: \_\_\_\_\_

**Land Use:**

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Partly Cloudy; 55 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):

A negative trend on the produced water vessel was detected by the operator during a site visit at the HSR 63N66W13SEW. Upon examination, a corrosion hole in the water dump line was discovered. The impacted soil was excavated. Groundwater was encountered in the excavation at approximately 7 feet below ground surface. A groundwater sample (GW01) was collected from the open excavation and submitted for laboratory analysis of BTEX. Laboratory analytical results, received on February 9, 2016, indicated that benzene, toluene, and total xylene concentrations exceeded the CGWQS at 3,630, 6,090, and 3,200 µg/L, respectively. The analytical results and excavation details are summarized below. A topographic Site Location Map showing 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
2/9/2016	Roy Rudisill	Weld County	--Email	
2/9/2016	Troy Swain	Weld County	--Email	
2/9/2016	Tom Parko	Weld County	--Email	
2/9/2016	Landowner	Landowner	--Phone	

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 05/02/2016

<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER			<input checked="" 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: \_\_\_\_\_

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): 35 Width of Impact (feet): 25

Depth of Impact (feet BGS): 8 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Please refer to the Form 19 Supplemental submitted to the COGCC on February 12, 2016.

Soil/Geology Description:

Please refer to the Form 19 Supplemental submitted to the COGCC on February 12, 2016.

Depth to Groundwater (feet BGS) 7 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest

Water Well	<u>875</u>	None <input type="checkbox"/>	Surface Water	<u>200</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>980</u>	None <input type="checkbox"/>	Occupied Building	<u>510</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A Form 27 and a Sump Closure Report are attached.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/02/2016

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 February 12, 2016.

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

Please refer to the Form 19 Supplemental submitted to the COGCC on February 12, 2016.

Volume of Soil Excavated (cubic yards): 190

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 Other (specify) offsite land treatment facility

Volume of Impacted Ground Water Removed (bbls): 31

Volume of Impacted Surface Water Removed (bbls): \_\_\_\_\_

### 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: Sr. HSE Representative Date: 05/02/2016 Email: Phil.Hamlin@Anadarko.com

COA Type	Description

### Attachment Check List

Att Doc Num	Name
401035920	OTHER
401037258	TOPOGRAPHIC MAP
401039015	OTHER
401039644	OTHER

Total Attach: 4 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)