

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:

401035915

Date Received:

05/02/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

444847

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

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): 0 Estimated Condensate Spill Volume(bbl): 0

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: 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 63N66W13SENW. 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		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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 checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>35</u>		Width of Impact (feet): <u>25</u>	
Depth of Impact (feet BGS): <u>8</u>		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) <u>7</u>		Number Water Wells within 1/2 mile radius: <u>4</u>	
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
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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

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Attachment Check List

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

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)