

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:

401042768

Date Received:

05/06/2016

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

443136

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: <u>MARATHON OIL COMPANY</u>	Operator No: <u>53650</u>	Phone Numbers
Address: <u>1501 STAMPEDE AVENUE</u>		Phone: <u>(307) 527-2223</u>
City: <u>CODY</u>	State: <u>WY</u>	Mobile: <u>(307) 250-7476</u>
Zip: <u>82414</u>		Email: <u>tastebbins@marathonoil.com</u>
Contact Person: <u>Tiffany Stebbins</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400896241

Initial Report Date: 09/05/2015 Date of Discovery: 09/03/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 19 TWP 5S RNG 96W MERIDIAN 6Latitude: 39.597700 Longitude: -108.212920Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 335992☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 141

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Varied: Sunny to Light RainSurface Owner: FEEOther(Specify): Chevron

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):

Release of produced water from underground flowline on Piceance's 596-19C well pad.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/3/2015	COGCC	Carlos Lujan	970-286-3292	Left voice mail.
9/4/2015	COGCC	Carlos Lujan	970-625-2497 x7	Left voice mail. Also sent email.
9/4/2015	COGCC	Stan Spencer	970-625-2497	Provided verbal notification of the incident. Also sent email.
9/4/2015	Chevron	Julie Justice	970-257-6042	Discussed incident with Julie.
9/4/2015	Chevron	Craig Tysee	970-285-9722	Left voice mail for Craig.
9/4/2015	Garfield County LEPC	Chris Bornholdt	970-945-0453	Left voice mail.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 05/06/2016		
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>YES</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 type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): _____		Width of Impact (feet): _____	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
During excavation, visual and olfactory observations were made.			
Soil/Geology Description:			
Spill was fully contained on production pad. No off-pad soils were impacted. Soiled stockpile completely within secondary containment and was approximately 5 cubic yards.			
Depth to Groundwater (feet BGS) _____ 0		Number Water Wells within 1/2 mile radius: _____ 0	
If less than 1 mile, distance in feet to nearest Water Well _____		None <input checked="" type="checkbox"/> Surface Water _____ 3244 None <input type="checkbox"/>	

Wetlands _____ None ☒Springs _____ None ☒Livestock _____ None ☒Occupied Building _____ None ☒

Additional Spill Details Not Provided Above:

Depth to groundwater unknown. No groundwater or surface waters were impacted. Nearest surface water source is dry creek bed that could have moisture from seasonal rain.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/06/2016

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)

Release of produced water from underground flowline on Piceance's 596-19C well pad.

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

Flowline repairs were made. SCADA data continues to be monitored daily for discrepancies.

Volume of Soil Excavated (cubic yards): 8

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment☒ Other (specify) land farmed

Volume of Impacted Ground Water Removed (bbls): 0

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: Tiffany Stebbins

Title: Sr Regulatory Compliance Date: 05/06/2016 Email: tastebbins@marathonoil.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

401042768	FORM 19 SUBMITTED
401042772	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)