

**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:

401031826

Date Received:

04/21/2016

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

445511

## 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>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>		Operator No: <u>47120</u>	<b>Phone Numbers</b>
Address: <u>P O BOX 173779</u>			
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-3779</u>	
Contact Person: <u>Sam LaRue</u>			
			Phone: <u>(970) 336-3500</u>
			Mobile: <u>(970) 515-1238</u>
			Email: <u>Sam.LaRue@anadarko.com</u>

# INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401025877

Initial Report Date:	04/12/2016	Date of Discovery:	04/11/2016	Spill Type:	Recent Spill
----------------------	------------	--------------------	------------	-------------	--------------

**Spill/Release Point Location:**

Locationof Spill/Release:	QTRQTR	SWNW	SEC	11	TWP	1N	RNG	68W	MERIDIAN	6
---------------------------	--------	------	-----	----	-----	----	-----	-----	----------	---

Latitude: 40.068218      Longitude: -104.975426

Municipality (if within municipal boundaries): City of Dacono County: WELD

**Reference Location:**

Facility Type: FLOWLINE

☐ Facility/Location ID No. \_\_\_\_\_

☐ No Existing Facility or Location ID No.

☒ Well API No. (Only if the reference facility is well) 05-123-39946

**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):  $\geq 5$  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: 70's, Sunny.

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 Bwyway ☐ 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 11, 2016, an operator discovered oil surfacing above a flowline during routine activities for the Como 13C-14HZ wellhead. More than one barrel of oil was released outside secondary containment. Site assessment activities are on-going and will be summarized in a Supplemental Form 19.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
4/11/2016	County	Roy Rudisill	--Email	
4/11/2016	County	Troy Swain	--Email	
4/11/2016	County	Tom Parko	--Email	
4/11/2016	City of Dacono	J. Krieger	--Email	
4/11/2016	Land Owner	Private	--Via Attorney	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 04/21/2016		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	20	20	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input 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 &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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): <u>31</u>		Width of Impact (feet): <u>21</u>	
Depth of Impact (feet BGS): <u>13</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
On April 11, 2016, an operator discovered oil surfacing above a flowline during routine activities for the Como 13C-14HZ wellhead. Approximately 20 barrels of oil were released and recovered outside secondary containment. Approximately 30 cubic yards of impacted material have been excavated and transported to the Front Range Regional Landfill in Erie, Colorado for disposal. Site assessment and excavation activities are on-going at this time and will be summarized in a subsequent Supplemental Form 19.			
Soil/Geology Description:			
Clay to silty sand.			
Depth to Groundwater (feet BGS) <u>227</u>		Number Water Wells within 1/2 mile radius: <u>2</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>445</u> None <input type="checkbox"/>	Surface Water <u>450</u> None <input type="checkbox"/>
Wetlands _____		None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Livestock \_\_\_\_\_ None

Occupied Building 1455 None

Additional Spill Details Not Provided Above:

**CORRECTIVE ACTIONS**#1 Supplemental Report Date: 04/19/2016Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident &amp; Root Cause (include specific equipment and point of failure)

During routine operations, an operator discovered a release that had surfaced above the flowline. The root cause of the flowline failure is being investigated.

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

Appropriate actions will be taken pending the results of the flowline investigation. The flowline will be replaced.

Volume of Soil Excavated (cubic yards): 30Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_Volume of Impacted Ground Water Removed (bbls): 0Volume 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: Sam LaRueTitle: Senior HSE Representative Date: 04/21/2016 Email: Sam.LaRue@anadarko.com**COA Type****Description****Attachment Check List****Att Doc Num****Name**

401031826	FORM 19 SUBMITTED
401031830	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)