

State of Colorado  
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401052961

Date Received:

05/26/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

445735

**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>		Phone: <u>(970) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1238</u>
Contact Person: <u>Sam LaRue</u>		Email: <u>Sam.LaRue@Anadarko.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 401049114

Initial Report Date: 05/17/2016 Date of Discovery: 05/16/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SESW SEC 13 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.132330 Longitude: -104.842264

Municipality (if within municipal boundaries): \_\_\_\_\_ 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- \_\_\_\_\_

**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): >0 and <1 Estimated Condensate Spill Volume(bbl): >0 and <1

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >0 and <1

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Approximately 1 barrel of oil, condensate, and produced water were released.

**Land Use:**

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

Weather Condition: Cloudy with Rain, 40 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):

During routine operations at the Kerr 29C-12HZ well, a flowline failure was discovered. Approximately 1 barrel of oil surfaced above the flowline approximately 150 feet west of the wellhead. Excavation and cleanup activities are ongoing at the site. Confirmation soil samples will be collected from the excavation and submitted for laboratory analysis of TPH, BTEX, pH, EC, and SAR (if applicable). The analytical results and excavation details will be provided in a supplemental report. 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
5/17/2016	Weld County	Troy Swain	-	Notified via Email
5/17/2016	Weld County	Roy Rudisill	-	Notified via Email
5/17/2016	Weld County	Tom Parko	-	Notified via Email
5/16/2016	Landowner	Landowner	-	Notified via Phone

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 05/26/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>1</u>	<u>1</u>	<input type="checkbox"/>
CONDENSATE	<u>1</u>	<u>1</u>	<input type="checkbox"/>
PRODUCED WATER	<u>1</u>	<u>1</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: A total of approximately 1 barrel of oil, condensate, and produced water were released.

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): \_\_\_\_\_ Width of Impact (feet): \_\_\_\_\_

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

How was extent determined?

Confirmation soil samples will be collected from the excavation and submitted for laboratory analysis of TPH, BTEX, pH, EC, and SAR (as applicable). The analytical results and excavation details will be provided in a supplemental report.

Soil/Geology Description:

Poorly graded fine-grained sand (SP)

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 26

If less than 1 mile, distance in feet to nearest

Water Well	<u>450</u>	None <input type="checkbox"/>	Surface Water	<u>650</u>	None <input type="checkbox"/>
Wetlands	<u>650</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>3250</u>	None <input type="checkbox"/>	Occupied Building	<u>800</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/26/2016		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)				
During routine operations at the Kerr 29C-12HZ well, a flowline failure was discovered. Approximately 1 barrel of fluid surfaced above the flowline approximately 150 feet west of the wellhead. The impacted soil is being excavated.				
Describe measures taken to prevent the problem(s) from reoccurring:				
Pending further investigation, the damaged portion of the affected flowline will be replaced or the affected flowline will be replaced in its entirety.				
Volume of Soil Excavated (cubic yards): _____				
Disposition of Excavated Soil (attach documentation)		<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
		<input type="checkbox"/> Other (specify) _____		
Volume of Impacted Ground Water Removed (bbls): _____				
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:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Sam LaRue  
Title: Sr. HSE Representative Date: 05/26/2016 Email: Sam.LaRue@Anadarko.com

<u>COA Type</u>	<u>Description</u>

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401052965	OTHER
401052966	TOPOGRAPHIC MAP

Total Attach: 2 Files

## General Comments

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

Total: 0 comment(s)