

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:

401055055

Date Received:

05/27/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

445916

SPILL/RELEASE REPORT (INITIAL)

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) 335-3600 Mobile: (970) 515-1238 Email: sam.larue@anadarko.com
Address: P O BOX 173779		
City: DENVER	State: CO Zip: 80217-3779	
Contact Person: Sam LaRue		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401055055

Initial Report Date: 05/27/2016 Date of Discovery: 05/27/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 31 TWP 4N RNG 66W MERIDIAN 6

Latitude: 40.267376 Longitude: -104.825587

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? No

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

Estimated Oil Spill Volume(bbl): Unknown Estimated Condensate Spill Volume(bbl): Unknown

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: 60's, Overcast

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):

While performing construction work at the HSR-Hall 64N66W31NWSW production facility, impacts were encountered beneath the partially buried produced water sump. Groundwater was encountered in the excavation at a depth of approximately eleven (11) feet below ground surface (bgs). A groundwater sample (GW01) was collected and submitted to Origins Laboratory in Denver, Colorado, for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX) by EPA method 8260. Analytical results received on May, 27, 2016 indicated that the benzene, toluene, and total xylenes concentrations exceeded COGCC Table 910-1 standards. Excavation activities at the site are ongoing, and further information will be provided in a forthcoming Form 19 Supplemental Release Report.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/27/2016	County	Roy Rudisill	-- Email	
5/27/2016	County	Tom Parko	-- Email	
5/27/2016	County	Troy Swain	-- Email	
5/27/2016	Land Owner	Private	-- Phone	

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: Senior HSE Representative Date: 05/27/2016 Email: sam.larue@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401055055	FORM 19 SUBMITTED
401055361	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)