

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401063759

Date Received:

06/17/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

446122

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
Address: P O BOX 173779		Phone: (970) 336-3500
City: DENVER State: CO Zip: 80217-3779		Mobile: (970) 515-1238
Contact Person: Sam LaRue		Email: Sam.LaRue@Anadarko.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401059572

Initial Report Date: 06/08/2016 Date of Discovery: 06/07/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 8 TWP 2N RNG 65W MERIDIAN 6

Latitude: 40.151275 Longitude: -104.689322

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: OTHER Other(Specify): Tank Battery

Weather Condition: Sunny, 80 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 deconstruction activities at the Fields-62N65W/8SESW tank battery, soil with historical petroleum hydrocarbon impact was encountered beneath the produced water sump. There were no indications that the dumlins or produced water sump were leaking. The volume of the release is unknown. Excavation activities are ongoing. Confirmation soil samples will be collected and submitted for laboratory analysis of TPH, BTEX, pH, EC, and SAR (if applicable). The analytical results and excavation details will be summarized in a supplemental report. A topographic Site Location Map showing the geographic setting of the release is attached as Figure 1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/7/2016	Weld County	Troy Swain	-	Notified via Email
6/7/2016	Weld County	Roy Rudisill	-	Notified via Email
6/7/2016	Weld County	Tom Parko	-	Notified via Email
6/7/2016	Landowner	Landowner	-	Notified via Certified Mail

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 06/17/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE			<input checked="" 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 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?			
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.			
Soil/Geology Description:			
Clay (CL) and weathered claystone.			
Depth to Groundwater (feet BGS) <u>30</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>1680</u> None <input type="checkbox"/>	Surface Water <u>4380</u> None <input type="checkbox"/>	
	Wetlands <u>4380</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock <u>1330</u> None <input type="checkbox"/>	Occupied Building <u>1550</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 06/17/2016
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure) <div>During deconstruction activities at the Fields-62N65W/8SESW tank battery, soil with historical petroleum hydrocarbon impact was encountered beneath the produced water sump. There were no indications that the dumplines or produced water sump were leaking.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>The site will be decommissioned and restored to pre-release grade.</div>	
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:

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: 06/17/2016 Email: Sam.LaRue@Anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401063837	TOPOGRAPHIC MAP
401063838	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)