

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:

401067583

Date Received:

06/24/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

446222

### 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 GATHERING LLC</u>	Operator No: <u>47121</u>	<b>Phone Numbers</b>
Address: <u>PO BOX 173779</u>		Phone: <u>(970) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217</u>		Mobile: <u>( )</u>
Contact Person: <u>Charles Chase</u>		Email: <u>Charles.Chase@anadarko.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401063425

Initial Report Date: 06/15/2016 Date of Discovery: 06/15/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 32 TWP 4S RNG 63W MERIDIAN 6

Latitude: 39.665314 Longitude: -104.453886

Municipality (if within municipal boundaries): \_\_\_\_\_ County: ARAPAHOE

#### Reference Location:

Facility Type: GAS GATHERING SYSTEM  Facility/Location ID No 120082

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

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: 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):

On June 15, 2016, a dump line line leak was discovered at the Mitchell Compressor Station. The cause of the release appears to be from internal pipeline corrosion. The volume of condensate released is currently unknown. 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
6/15/2016	County	Diane Kocis	-Email	
6/15/2016	Landowner	Private	-Phone	

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 06/23/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" 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? 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): 25 Width of Impact (feet): 25

Depth of Impact (feet BGS): 10 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

On June 15, 2016, a dump line line leak was discovered at the Mitchell Compressor Station. The cause of the release appears to be from internal pipeline corrosion. The volume of condensate released is remains unknown. Excavation and site assessment activities are on-going and will be summarized in a subsequent Supplemental Form 19 Spill Report.

Soil/Geology Description:

Silty sand to clay.

Depth to Groundwater (feet BGS) 33 Number Water Wells within 1/2 mile radius: 25

If less than 1 mile, distance in feet to nearest

Water Well	<u>35</u>	None <input type="checkbox"/>	Surface Water	<u>1300</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>255</u>	None <input type="checkbox"/>	Occupied Building	<u>1185</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	06/23/2016		
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)				
Impacts were related to a recent line leak due to internal corrosion.				
Describe measures taken to prevent the problem(s) from reoccurring:				
The line will be removed and replaced.				
Volume of Soil Excavated (cubic yards): 170				
Disposition of Excavated Soil (attach documentation)		<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
		<input type="checkbox"/> Other (specify) _____		
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:

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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: Charles Chase

Title: Staff HSE Representative Date: 06/24/2016 Email: Charles.Chase@anadarko.com

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

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401067583	FORM 19 SUBMITTED
401067613	TOPOGRAPHIC MAP

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)