

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:

401121995

Date Received:

10/03/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

445916

# 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	<b>Phone Numbers</b> Phone: (970) 336-3500 Mobile: (970) 515-1161 Email: Phil.Hamlin@anadarko.com
Address: P O BOX 173779		
City: DENVER	State: CO Zip: 80217-3779	
Contact Person: Phillip Hamlin		

## 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**

Date	Agency/Party	Contact	Phone	Response
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	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 10/03/2016		
<b>FLUIDS</b>	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 &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 checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 41		Width of Impact (feet): 32	
Depth of Impact (feet BGS): 11		Depth of Impact (inches BGS): 0	
How was extent determined?			
Reference Supplemental Form 19 (Document No. 401056830). See attached Form 27 and Sump Closure Summary Letter Report.			
Soil/Geology Description:			
Fine to coarse grained sand.			
Depth to Groundwater (feet BGS) 11		Number Water Wells within 1/2 mile radius: 28	
If less than 1 mile, distance in feet to nearest		Water Well 900	None <input type="checkbox"/> Surface Water <input type="checkbox"/> None <input checked="" type="checkbox"/>
		Wetlands <input type="checkbox"/> None <input checked="" type="checkbox"/>	Springs <input type="checkbox"/> None <input checked="" type="checkbox"/>
		Livestock <input type="checkbox"/> None <input checked="" type="checkbox"/>	Occupied Building 1565 <input type="checkbox"/> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

## 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: Phillip Hamlin

Title: Senior HSE Representative Date: 10/03/2016 Email: Phil.Hamlin@anadarko.com

### COA Type

### Description

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## Attachment Check List

### Att Doc Num

### Name

401122039	OTHER
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Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

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Total: 0 comment(s)