

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:

401106707

Date Received:

09/09/2016

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

444878

**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) 515-1161</u>
Contact Person: <u>Phil Hamlin</u>		Email: <u>phil.hamlin@anadarko.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 400989031

Initial Report Date: 02/15/2016 Date of Discovery: 02/13/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR NWSW SEC 25 TWP 1N RNG 68W MERIDIAN 6

Latitude: 40.016982 Longitude: -104.955940

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

**Reference Location:**

Facility Type: FLOWLINE  Facility/Location ID No 328564  
 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): <u>&gt;=1 and &lt;5</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: \_\_\_\_\_

**Land Use:**

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

Weather Condition: 50's, Sunny.

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 February 13, 2016, a dumlaine release was discovered by an operator during routine activities at the UPRC-61N68W/25NWSW production facility. Between one and five barrels of oil were released outside the secondary containment but remained on the lease property. Site assessment activities are on-going at this time and will be summarized in a subsequent Supplemental Form 19.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
2/13/2016	County	Troy Swain	--Email	
3/2/2016	County	Roy Rudisill	--Email	
2/13/2016	County	Tom Parko	--Email	
2/13/2016	Land Owner	Private	--Phone	

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 09/09/2016

<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>5</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</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: \_\_\_\_\_

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): 66 Width of Impact (feet): 52

Depth of Impact (feet BGS): 20 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Reference Supplemental Form 19 (Document No. 400993526.) See attached Form 27.

Soil/Geology Description:

Sandy clay.

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 17

If less than 1 mile, distance in feet to nearest

Water Well	<u>445</u>	None <input type="checkbox"/>	Surface Water	<u>935</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>1680</u>	None <input type="checkbox"/>	Occupied Building	<u>1540</u>	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: 9828

### 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: Phil Hamlin

Title: Senior HSE Representative Date: 09/09/2016 Email: phil.hamlin@anadarko.com

<u>COA Type</u>	<u>Description</u>
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<u>COA Type</u>	<u>Description</u>
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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401106707	FORM 19 SUBMITTED
401106954	OTHER

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)