

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:

401154052

Date Received:

11/30/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

447556

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(303) 514-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>()</u>
Contact Person: <u>Phillip Hamlin</u>		Email: <u>Phil.Hamlin@Anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401102615

Initial Report Date: 09/01/2016 Date of Discovery: 09/01/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 32 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.177310 Longitude: -104.806134

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: OTHER 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 Pad

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):

While performing an emissions upgrade at the Herman 1, L32-13JI, L32-14 tank battery facility, soil and groundwater with historical petroleum hydrocarbon impacts were encountered adjacent to the dumplines. There were no indications that the dumplines were leaking. The volume of the release is unknown. Groundwater was encountered in the excavation at approximately 6 feet below ground surface. A groundwater sample (GW01) was collected and submitted for laboratory analysis for BTEX. Laboratory analytical results received on September 1, 2016, indicated that benzene and total xylenes exceeded CGWQS at concentrations of 180 µg/L and 4,890 µg/L, respectively. The analytical results and excavation details are summarized in the supplemental report. A topographic Site Location Map showing the geographic setting of the release is provided as Figure 1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/1/2016	Weld County	Roy Rudisill	-	Notified via Email
9/1/2016	Weld County	Tom Parko	-	Notified via Email
9/1/2016	Weld County	Troy Swain	-	Notified via Email
9/1/2016	Landowner	Landowner	-	Notified via Phone

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/30/2016

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	<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): 28 Width of Impact (feet): 20

Depth of Impact (feet BGS): 6 Depth of Impact (inches BGS): 6

How was extent determined?

Please refer to the attached Form 27.

Soil/Geology Description:

Please refer to the Form 19 Supplemental submitted to the COGCC on September 2, 2016.

Depth to Groundwater (feet BGS) 6 Number Water Wells within 1/2 mile radius: 10

If less than 1 mile, distance in feet to nearest

Water Well	<u>925</u>	None <input type="checkbox"/>	Surface Water	<u>170</u>	None <input type="checkbox"/>
Wetlands	<u>1120</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>1040</u>	None <input type="checkbox"/>	Occupied Building	<u>1200</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

A Form 27 is attached.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/30/2016

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Please refer to the Form 19 Supplemental submitted to the COGCC on September 2, 2016.

Describe measures taken to prevent the problem(s) from reoccurring:

Please refer to the Form 19 Supplemental submitted to the COGCC on September 2, 2016.

Volume of Soil Excavated (cubic yards): 110

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) Kerr-McGee Land Treatment Facility

Volume of Impacted Ground Water Removed (bbls): 55

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:

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: Sr. HSE Representative Date: 11/30/2016 Email: Phil.Hamlin@Anadarko.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num	Name
401154064	TOPOGRAPHIC MAP
401154065	OTHER
401158316	OTHER

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)