

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>
Contact Person: <u>Phillip Hamlin</u>		Mobile: <u>()</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 6Latitude: 40.177310 Longitude: -104.806134Municipality (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): UnknownEstimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHEROther(Specify): Tank Battery PadWeather Condition: Sunny; 80 degrees FSurface 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, L32-13JL, L32-14 tank battery facility, soil and groundwater with historical petroleum hydrocarbon impacts were encountered adjacent to the dumphines. There were no indications that the dumphines 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	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 checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> 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): _____	
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 925	None <input type="checkbox"/>	Surface Water 170
	Wetlands 1120	None <input type="checkbox"/>	Spring 0
	Livestock 1040	None <input type="checkbox"/>	Occupied Building 1200
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)		
<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>Please refer to the Form 19 Supplemental submitted to the COGCC on September 2, 2016.</div>		
Describe measures taken to prevent the problem(s) from reoccurring:		
<div>Please refer to the Form 19 Supplemental submitted to the COGCC on September 2, 2016.</div>		
Volume of Soil Excavated (cubic yards): 110		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input checked="" type="checkbox"/> 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: 9927

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

	Based on review of the information submitted in project 9927, it appears that the proposed investigation activities and proposed remedial actions in the approved site investigation and remediation plan will be adequate to remediate impacted groundwater at the site of the spill. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be significantly impacted, further investigation and/or remediation activities may be required at the site.
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401154052	FORM 19 SUBMITTED
401154064	TOPOGRAPHIC MAP
401154065	OTHER
401158316	OTHER

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)