

**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:

401163962

Date Received:

12/09/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

448622

## SPILL/RELEASE REPORT (INITIAL)

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 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>	Mobile: <u>(970) 515-1238</u>
Zip: <u>80217</u>		Email: <u>Sam.LaRue@anadarko.com</u>
Contact Person: <u>Sam LaRue</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401163962

Initial Report Date: 12/08/2016      Date of Discovery: 12/08/2016      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 11 TWP 2N RNG 66W MERIDIAN 6Latitude: 40.147148 Longitude: -104.750531Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: GAS GATHERING SYSTEM☐ 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): >=5 and <100Estimated Drilling Fluid Spill Volume(bbl): 0Specify: E&P Fluids

#### **Land Use:**

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Sunny, ~ 20 degreesSurface Owner: OTHER (SPECIFY)Other(Specify): Kerr-McGee Gathering LLC

#### **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 December 8, 2016, a release occurred due to an equipment malfunction at the Platte Valley Gas Plant. The incident resulted in the release of approximately 6 barrels of E&P fluids outside of containment within the facility boundary. The release was controlled and recovery efforts were initiated. A topographic Site Location Map showing the geographic setting of the release is provided as Figure 1. Site assessment activities are ongoing and will be summarized in a forthcoming Supplemental Form 19 Release Report.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/8/2016	County	Roy Rudisill	-email	
12/8/2016	County	Troy Swain	-email	
12/8/2016	County	Tom Parko	-email	

**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: Sam LaRue

Title: Senior HSE Representative Date: 12/09/2016 Email: Sam.LaRue@anadarko.com

**COA Type**

**Description**

	Provide documentation justifying closure request within 90 days of release via supplemental form 19. If investigation and remediation require further actions beyond 90 days then submit form 27 for approval within 90 days of spill (13March2017).
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**Attachment Check List**

**Att Doc Num**

**Name**

401163962	FORM 19 SUBMITTED
401164241	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)