

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401249283

Date Received:

04/03/2017

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

448607

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 &amp; GAS ONSHORE LP</u>	Operator No: <u>47120</u>	<b>Phone Numbers</b>
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 515-1431</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 573-0298</u>
Contact Person: <u>Paul Schwarz</u>		Email: <u>Paul.Schwarz@anadar ko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401161481

Initial Report Date: 12/06/2016 Date of Discovery: 12/06/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 36 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.179483 Longitude: -104.836558

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

Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 445763  
 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: Windy, 30 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):

On December 5, 2016, impacts were discovered during an emissions upgrade at the Nishimoto-63N67W36NWSE production facility. The volume of released material is unknown. Groundwater was encountered within the excavation area at approximately 5.5 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 USEPA 8260B. Analytical data received on December 6, 2016, indicated that the benzene concentration in groundwater sample GW01 was above the applicable COGCC Table 910-1 standard. Groundwater analytical results are presented in Table 1. A topographic Site Location Map showing the geographic setting of the release is provided as Figure 1. Site assessment and excavation activities are ongoing and will be summarized in a forthcoming Supplemental Form 19 Release Report.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
12/6/2016	County	Roy Rudisill	-email	
12/6/2016	County	Troy Swain	-email	
12/6/2016	County	Tom Parko	-email	
12/6/2016	Private	Landowner	-phone	

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 04/03/2017

<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	<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): 38 Width of Impact (feet): 29

Depth of Impact (feet BGS): 5 Depth of Impact (inches BGS): 6

How was extent determined?

Reference Supplemental Form 19 (Document No. 401165213) and Initial eForm 27 (Document No. 401177773).

Soil/Geology Description:

Road base over laying silty sand with clay.

Depth to Groundwater (feet BGS) 5 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>1397</u>	None <input type="checkbox"/>	Surface Water	<u>725</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>1683</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

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### 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: 10110

#### 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: Paul Schwarz

Title: HSE Representative Date: 04/03/2017 Email: Paul.Schwarz@anadarko.com

<u>COA Type</u>	<u>Description</u>

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)