

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401414853

Date Received:

09/28/2017

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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>(970) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1431</u>
Contact Person: <u>Paul Schwarz</u>		Email: <u>Paul.Schwarz@anadar ko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401414853

Initial Report Date: 09/27/2017 Date of Discovery: 09/25/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 34 TWP 6N RNG 67W MERIDIAN 6

Latitude: 40.446820 Longitude: -104.880635

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

Reference Location:

Facility Type: TANK BATTERY 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: CROP LAND Other(Specify): _____

Weather Condition: Sunny, ~ 70 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 September 22, 2017, historical impacts were discovered during P&A activities at the Kodak 34-21, 34-22, 34-24, and 34-25 production facility. Excavation activities were guided in the field by screening soil for volatile organic compound (VOC) concentrations using a photoionization detector (PID). Groundwater was encountered within the excavation at approximately 4 feet below ground surface (bgs). 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
9/25/2017	County	Roy Rudisill	-email	
9/25/2017	County	Troy Swain	-email	
9/25/2017	County	Tom Parko	-email	
9/25/2017	Private	Landowner	-phone	

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 09/28/2017

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): 12 Width of Impact (feet): 12

Depth of Impact (feet BGS): 4 Depth of Impact (inches BGS): 0

How was extent determined?

On September 22, 2017, historical impacts were discovered during P&A activities at the Kodak 34-21, 34-22, 34-24, and 34-25 production facility. Excavation activities were guided in the field by screening soil for volatile organic compound (VOC) concentrations using a photoionization detector (PID). Four (4) confirmation soil samples were collected from the sidewalls of the final lateral extent of the excavation area at approximately 3 feet below ground surface (bgs). The soil samples were submitted to Origins Laboratory for analysis of benzene, toluene, ethylbenzene, total xylenes (BTEX), total petroleum hydrocarbons (TPH) - gasoline range organics (GRO) by USEPA Method 8260C, TPH - diesel and oil range organics (DRO and ORO) by USEPA Method 8015, electrical conductivity (EC), and pH. Soil analytical results indicated that constituent concentrations in the soil samples collected from the sidewalls of the final lateral extent of the excavation area were below the applicable COGCC Table 910-1 standards. Groundwater was encountered within the excavation at approximately 4 feet bgs. A groundwater sample (GW01) was collected and submitted to Origins Laboratory for analysis of BTEX by USEPA Method 8260C. Analytical results received on September 25, 2017, indicated that the benzene concentration in groundwater sample GW01 was above the applicable COGCC Table 910-1 standard. Prior to backfilling, 44 pounds of activated carbon were introduced into the excavation to address potential residual hydrocarbon impacts to groundwater. The phreatic zone was backfilled with clean sand and the excavation area was graded to match pre-existing conditions.

Soil/Geology Description:

Clay and sand

Depth to Groundwater (feet BGS) 4 Number Water Wells within 1/2 mile radius: 2
 If less than 1 mile, distance in feet to nearest Water Well 1840 None Surface Water 850 None
 Wetlands None Springs None
 Livestock 3080 None Occupied Building 2490 None

Additional Spill Details Not Provided Above:

A topographic Site Location Map showing the geographic setting of the release is provided as Figure 1. The soil and groundwater sample locations are illustrated on Figure 2. The soil analytical results are summarized in Table 1 and groundwater analytical results are summarized in Table 2. The analytical laboratory report is provided as Attachment A. An Initial Form 27 Site Investigation and Remediation Workplan will be prepared for this release.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/28/2017

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)

Historical impacts were discovered beneath the partially buried produced water sump during P&A activities.

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

Site infrastructure has been removed and will not be replaced.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

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: Paul Schwarz

Title: HSE Representative Date: 09/28/2017 Email: Paul.Schwarz@anadarko.com

COA Type

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401415026	ANALYTICAL RESULTS
401415029	ANALYTICAL RESULTS
401415030	ANALYTICAL RESULTS
401415031	TOPOGRAPHIC MAP
401415035	SITE MAP
401415037	FORM 19 SUBMITTED

Total Attach: 6 Files

General Comments

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

Total: 0 comment(s)