

**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:

401494926

Date Received:

12/22/2017

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

453550

## 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 OIL &amp; GAS ONSHORE LP</u>	Operator No: <u>47120</u>	<b>Phone Numbers</b>
Address: <u>P O BOX 173779</u>		Phone: <u>(720) 929-6368</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(785) 691-7788</u>
Zip: <u>80217-3779</u>		Email: <u>Mike.Dinkel@anadarko.com</u>
Contact Person: <u>Mike Dinkel</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401494926

Initial Report Date: 12/22/2017      Date of Discovery: 12/21/2017      Spill Type: Recent Spill

#### Spill/Release Point Location:

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

Latitude: 40.259369      Longitude: -104.765932

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

#### Reference Location:

Facility Type: WELL      ☐ Facility/Location ID No \_\_\_\_\_  
☐ No Existing Facility or Location ID No.  
☒ Well API No. (Only if the reference facility is well) 05-123-15286

#### **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): 0      Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0      Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0      Estimated Drilling Fluid Spill Volume(bbl): >=1 and <5

Specify: \_\_\_\_\_

#### **Land Use:**

Current Land Use: CROP LAND      Other(Specify): \_\_\_\_\_

Weather Condition: Cloudy, ~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 21, 2017, a release occurred at the Clifford L 3-3 wellhead. While tripping pipe into the well during workover operations, trapped pressure was temporarily relieved and approximately 3 barrels of water-based drilling fluid were released to the ground around the wellhead, outside of secondary containment. Spill recovery and site assessment activities are ongoing and will be summarized in a forthcoming Supplemental Form 19 Spill/Release 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**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/22/2017	County	Troy Swain	-email	
12/22/2017	County	Tom Parko	-email	
12/22/2017	County	Roy Rudisill	-email	
12/22/2017	Private	Landowner	-phone	

**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: Mike Dinkel

Title: Staff HSE Representative Date: 12/22/2017 Email: Mike.Dinkel@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 (22March2018).
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**Attachment Check List**

**Att Doc Num**

**Name**

401494926	SPILL/RELEASE REPORT(INITIAL)
401494987	TOPOGRAPHIC MAP
401495156	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)