

**State of Colorado**  
**Oil and Gas Conservation Commission**

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Document Number:

401537376

Date Received:

02/12/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

452401

## 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) 336-3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 515-1161</u>
Zip: <u>80217-3779</u>		Email: <u>Phil.Hamlin@anadarko.com</u>
Contact Person: <u>Phillip Hamlin</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 6Latitude: 40.446820 Longitude: -104.880635Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 446408☐ 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: 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: 02/06/2018		
<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	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>			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input 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): _____		Width of Impact (feet): _____	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Reference Initial-Supplemental Form 19 (Document No. 401414853) and Initial eForm 27 (Document No. 401418321).			
Soil/Geology Description:			
Clay and sand			
Depth to Groundwater (feet BGS) <u>4</u>		Number Water Wells within 1/2 mile radius: <u>2</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1840</u> None <input type="checkbox"/>	Surface Water <u>850</u> None <input type="checkbox"/>	
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock <u>3080</u> None <input type="checkbox"/>	Occupied Building <u>2490</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

## 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: 10747

### 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: Senior HSE Representative Date: 02/12/2018 Email: Phil.Hamlin@anadarko.com

### COA Type

### Description

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## Attachment Check List

### Att Doc Num

### Name

401537376	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401546666	FORM 19 SUBMITTED

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)