

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401554837

Date Received:

04/05/2018

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

437084

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: KERR MCGEE OIL & GAS ONSHORE LP	Operator No: 47120	Phone Numbers
Address: P O BOX 173779		Phone: (970) 336-3500
City: DENVER State: CO Zip: 80217-3779		Mobile: (970) 515-1161
Contact Person: Phillip Hamlin		Email: Phil.Hamlin@anadarko.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400600844

Initial Report Date: 05/02/2014 Date of Discovery: 05/02/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 27 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.017826 Longitude: -104.870207

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 265272
☐ 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? No

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): 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, 60 degrees

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):

During tank battery reconstruction, historical impacts were observed in the vicinity of the dump lines. The separator has been removed and all of the dump lines have been flushed and removed. A subsurface assessment will be completed to define the extent and magnitude of the impacts.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/2/2014	Weld County	Roy Rudisill	-email	
5/2/2014	Weld County	Tom Parko	-email	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/26/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input 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, 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) <input checked="" 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): <u>55</u>		Width of Impact (feet): <u>15</u>	
Depth of Impact (feet BGS): <u>7</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
Reference Supplemental Form 19 (Document No. 400605652) and Initial eForm 27 (Document No. 401502037).			
Soil/Geology Description:			
Lean clay with sand			
Depth to Groundwater (feet BGS) <u>4</u>		Number Water Wells within 1/2 mile radius: <u>4</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>350</u> None <input type="checkbox"/>	Surface Water <u> </u> None <input checked="" type="checkbox"/>
		Wetlands <u> </u> None <input checked="" type="checkbox"/>	Springs <u> </u> None <input checked="" type="checkbox"/>
		Livestock <u> </u> None <input checked="" type="checkbox"/>	Occupied Building <u>300</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: 11035

OPERATOR COMMENTS:

Please note, this eForm 19-Supplemental Closure Document is being submitted in conjunction with an eForm 27-Initial re-file, as requested by the COGCC.

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: 04/05/2018 Email: Phil.Hamlin@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)