

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:

401652320

Date Received:

05/24/2018

Spill report taken by:

Spill/Release Point ID:

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>(970) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1353</u>
Contact Person: <u>Taylor Rowley</u>		Email: <u>Taylor.Rowley@anadar ko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401652320

Initial Report Date: 05/24/2018 Date of Discovery: 05/23/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 13 TWP 3N RNG 68W MERIDIAN 6

Latitude: 40.231903 Longitude: -104.948804

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

Reference Location:

Facility Type: WELL  Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: \_\_\_\_\_  No Existing Facility or Location ID No.

Number: \_\_\_\_\_  Well API No. (Only if the reference facility is well) 05-123-31697

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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>&gt;=1 and &lt;5</u>

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

Land Use:

Current Land Use: NON-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 May 23, 2018, approximately 2 barrels of water-based drilling fluid were released outside of containment at the Kerbs T 13-02 wellhead. The release occurred due to trapped pressure being temporarily relieved while tripping pipe out of the well during workover operations. Approximately 2 barrels of released fluids were recovered via vacuum truck. 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

Date	Agency/Party	Contact	Phone	Response
5/24/2018	County	Troy Swain	-email	
5/24/2018	County	Roy Rudisill	-email	
5/24/2018	County	Tom Parko	-email	
5/24/2018	Private	Landowner	-phone	

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes  No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: \_\_\_\_\_

Was there a reportable accident associated with this E & P waste spill or release? Yes  No

If YES, enter the Document Number of the Initial Accident Report, Form 22: \_\_\_\_\_

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: Taylor Rowley

Title: Senior HSE Representative Date: 05/24/2018 Email: Taylor.Rowley@anadarko.com

COA Type

Description

### Attachment Check List

Att Doc Num

Name

401652360	TOPOGRAPHIC MAP
401652361	OTHER

Total Attach: 2 Files

### General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)