

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:

401654217

Date Received:

05/25/2018

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

455227

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 & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 515-1698</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>()</u>
Contact Person: <u>Greg Hamilton</u>		Email: <u>Gregory.Hamilton@ana darko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401654217

Initial Report Date: 05/25/2018 Date of Discovery: 05/25/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 12 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.148727 Longitude: -104.732171

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____

Spill/Release Point Name: Vern Hagans Unit True No Existing Facility or Location ID No.

Number: 1 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: OTHER Other(Specify): Tank Battery Pad

Weather Condition: Sunny, 75°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):

During excavation activities at the Vern Hagans Unit True #1 tank battery facility, soil with historical petroleum hydrocarbon impacts were encountered. The volume of the release is unknown and excavation activities are ongoing. The excavation details and analytical results will be summarized in a supplemental report. The 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>
5/25/2018	Weld County	Tom Parko	-	Notified via Email
5/25/2018	Weld County	Troy Swain	-	Notified via Email
5/25/2018	Weld County	Roy Rudisill	-	Notified via Email
5/25/2018	Landowner	Landowner	-	Notified via 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: Greg Hamilton

Title: Sr. Staff HSE Rep. Date: 05/25/2018 Email: Gregory.Hamilton@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 (25August2018).
--	---

Attachment Check List

Att Doc Num

Name

401654217	SPILL/RELEASE REPORT(INITIAL)
401654242	OTHER
401654345	TOPOGRAPHIC MAP
401654845	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)