

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:

401726857

Date Received:

08/08/2018

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 & 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# 401726857

Initial Report Date: 08/07/2018 Date of Discovery: 08/07/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 5 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.262042 Longitude: -104.905178

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 305221

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

Number: _____ 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): >=1 and <5 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

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: Upper 90's, sunny

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):

While rebuilding the WCR Properties 41-5/Spaur 1-5 tank battery, soil and groundwater with historical petroleum hydrocarbon impacts were discovered. The volume of the release is unknown. Groundwater was encountered at approximately 12 feet below ground surface. On August 6, 2018, a groundwater sample was collected from the excavation and submitted to Origins Laboratory for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX) by USEPA Method 8260C. Laboratory analytical results received August 7, 2018 indicated that the benzene concentration in groundwater sample GW01 exceeded the COGCC Table 910-1 allowable level for benzene at a concentration of 2,010 ug/L. Soil excavation activities are ongoing and will be summarized in a supplemental report. The topographic site location map showing the geographic location of the release is provided as Figure 1.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/7/2018	Weld County	Roy Rudisill	----email	
8/7/2018	Weld County	Tom Parko	----email	
8/7/2018	Landowner	Landowner	----email	

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: Senior Staff HSE Rep Date: 08/08/2018 Email: gregory.hamilton@anadarko.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

401728178	TOPOGRAPHIC MAP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)