

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

401830779

Date Received:

11/09/2018

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: KERR MCGEE OIL & GAS ONSHORE LP

Operator No: 47120

Address: P O BOX 173779

City: DENVER

State: CO

Zip: 80217-3779

Contact Person: Greg Hamilton

Phone Numbers

Phone: (970) 515-1698

Mobile: ()

Email: Gregory.Hamilton@ana-darko.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401830779

Initial Report Date: 11/07/2018

Date of Discovery: 11/07/2018

Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 6 TWP 4N RNG 67W MERIDIAN 6

Latitude: 40.339800 Longitude: -104.941933

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

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 448390

Spill/Release Point Name: Rice

☐ 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, 40°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 tank battery deconstruction activities at the Rice #1 facility, historical petroleum hydrocarbon impacts were encountered. The volume of the release is unknown. On November 7, 2018, groundwater sample GW01 was collected from the excavation and submitted for BTEX analysis. Laboratory analytical results indicated sample GW01 exceeded the COGCC Table 910-1 allowable level for benzene at a concentration of 6.44 µg/L. Excavation activities are ongoing. The complete assessment 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. The excavation soil and groundwater analytical results for samples collected to date are summarized in Table 1 and Table 2, respectively. The laboratory analytical report is attached.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/7/2018	Weld County	Jason Maxey	-	Notified via Email
11/7/2018	Weld County	Roy Rudisill	-	Notified via Email
11/7/2018	Town of Johnstown	Roy Lauricello	-	Notified via Email
11/8/2018	Landowner	Landowner	-	Notified via Certified Mail

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:

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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: 11/09/2018 Email: Gregory.Hamilton@anadarko.com

COA Type

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401830795	OTHER
401832242	TOPOGRAPHIC MAP
401832535	ANALYTICAL RESULTS

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)