

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

401962040

Date Received:

03/06/2019

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	<b>Phone Numbers</b>
Address: P O BOX 173779		Phone: (970) 336-3500
City: DENVER	State: CO	Mobile: (970) 515-1698
Zip: 80217-3779		Email: Gregory.Hamilton@ana-darko.com
Contact Person: Gregory Hamilton		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401962040

Initial Report Date: 03/06/2019 Date of Discovery: 03/04/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 13 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.220333 Longitude: -104.842905

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☐ 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- -

#### 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: CROP LAND Other(Specify):

Weather Condition: Clear, ~ 20 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):

A leak was discovered inside the separator cabinet at the Gunzner 11-13A production facility. On March 1, 2019, groundwater was encountered within the excavation at approximately 8 feet bgs. A groundwater sample (GW01) was collected and submitted to Origins Laboratory for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX) by USEPA Method 8260C. Analytical results received on March 4, 2019, indicated that BTEX concentrations in groundwater sample GW01 were out of compliance with COGCC standards. Soil excavation 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. The groundwater sample location is illustrated on Figure 2. The groundwater analytical results are summarized in Table 1. The analytical laboratory report is provided as Attachment A.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/4/2019	County	Jason Maxey	-email	
3/4/2019	County	Roy Rudisill	-email	
3/4/2019	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:**

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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: Gregory Hamilton

Title: Senior Staff Env Rep Date: 03/06/2019 Email: Gregory.Hamilton@anadarko.com

**COA Type**

**Description**

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**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401962415	TOPOGRAPHIC MAP
401962442	SITE MAP
401962447	ANALYTICAL RESULTS
401963695	ANALYTICAL RESULTS
401963696	OTHER

Total Attach: 5 Files

**General Comments**

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

Total: 0 comment(s)