

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:

401971840

Date Received:

03/14/2019

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: <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) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1698</u>
Contact Person: <u>Gregory Hamilton</u>		Email: <u>Gregory.Hamilton@ana-darko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401971840

Initial Report Date: 03/14/2019 Date of Discovery: 03/11/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 35 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.180005 Longitude: -104.751538

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) 05-123-27132

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>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>Unknown</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: Clear ~ 45 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 December 31, 2018, a release occurred due to corrosion in the surface casing at the Brown 32-35 wellhead. While placing the well back into production, approximately 0.25 BBLs of fluid were observed at the ground surface adjacent to well bore. Facility infrastructure was shut-in, and the wellhead has been plugged and abandoned. The release became State reportable on March 11, 2019, due to the quantity of impacted soil excavated. 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.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/11/2019	County	Jason Maxey	-email	
3/11/2019	County	Roy Rudisill	-email	
3/12/2019	Private	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:

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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: 03/14/2019 Email: Gregory.Hamilton@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
401971929	OTHER
401971930	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)