

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402010557

Date Received:

04/23/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

461162

## SPILL/RELEASE REPORT (SUPPLEMENTAL)

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 Zip: 80217-3779		Mobile: (970) 515-1698
Contact Person: Gregory Hamilton		Email: Gregory.Hamilton@ana-darko.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401916728

Initial Report Date: 01/24/2019 Date of Discovery: 01/23/2019 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 4 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.247889 Longitude: -104.786169

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: OTHER ☐ 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): 0 Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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 ~ 30 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):

Historical impacts were discovered during the abandonment of a gas sales line associated with the Kern L 4-14 production facility. Approximately 190 cubic yards of impacted material were removed and transported to the Kerr-McGee Land Treatment Facility in Weld County, Colorado. Excavation activities were guided in the field by screening soil for volatile organic compound (VOC) concentrations using a photoionization detector (PID). Groundwater was encountered within the excavation at approximately 4.5 feet below ground surface (bgs). 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**

Date	Agency/Party	Contact	Phone	Response
1/23/2019	County	Jason Maxey	-email	
1/23/2019	County	Roy Rudisill	-email	
1/23/2019	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: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 04/16/2019		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 32		Width of Impact (feet): 30	
Depth of Impact (feet BGS): 4		Depth of Impact (inches BGS): _____	
How was extent determined?			
Reference Initial-Supplemental Form 19 (Document No. 401916728) and Initial eForm 27 (Document No. 401961182).			
Soil/Geology Description:			
Clayey sand			
Depth to Groundwater (feet BGS) 4		Number Water Wells within 1/2 mile radius: 12	
If less than 1 mile, distance in feet to nearest Water Well 440		None <input type="checkbox"/> Surface Water 250 None <input type="checkbox"/>	

Wetlands \_\_\_\_\_ None ☒Springs \_\_\_\_\_ None ☒Livestock \_\_\_\_\_ 200 None ☐Occupied Building \_\_\_\_\_ 435 None ☐

Additional Spill Details Not Provided Above:

**REQUEST FOR CLOSURE**

Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.

Basis for Closure: ☐ Corrective Actions Completed (documentation attached)☒ Work proceeding under an approved Form 27

Form 27 Remediation Project No: \_\_\_\_\_ 12739 \_\_\_\_\_

**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: \_\_\_\_\_ Gregory Hamilton

Title: \_\_\_\_\_ Senior Staff Env Rep Date: \_\_\_\_\_ 04/23/2019 Email: \_\_\_\_\_ Gregory.Hamilton@anadarko.com

**COA Type****Description****Attachment Check List****Att Doc Num****Name**

Total Attach: 0 Files

**General Comments****User Group****Comment****Comment Date**Stamp Upon  
Approval

Total: 0 comment(s)