

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:

402047630

Date Received:

05/21/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

463346

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

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): 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: 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

Date	Agency/Party	Contact	Phone	Response
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: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 05/21/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit			
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): 87		Width of Impact (feet): 78	
Depth of Impact (feet BGS): 18		Depth of Impact (inches BGS): _____	
How was extent determined?			
Reference Supplemental Form 19 (Document No. 401979583) and Initial eForm 27 (Document No. 402026987).			
Soil/Geology Description:			
Valent sand			
Depth to Groundwater (feet BGS) 18		Number Water Wells within 1/2 mile radius: 0	
If less than 1 mile, distance in feet to nearest Water Well 2700		None <input type="checkbox"/> Surface Water 1235 None <input type="checkbox"/>	

Wetlands _____ None ☒

Springs _____ None ☒

Livestock _____ None ☒

Occupied Building 2830 None ☐

Additional Spill Details Not Provided Above:

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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: 13524

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: 05/21/2019 Email: Gregory.Hamilton@anadrko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)