

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:

402260584

Date Received:

12/13/2019

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	Phone Numbers Phone: (720) 929-4306 Mobile: (<u> </u>) <u> </u> Email: Erik Mickelson@oxy.com
Address: P O BOX 173779		
City: DENVER	State: CO Zip: 80217-3779	
Contact Person: Erik Mickelson		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402260584

Initial Report Date: 12/11/2019 Date of Discovery: 12/11/2019 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 19 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.207980 Longitude: -104.826563

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 336084
Spill/Release Point Name: Camp ☐ No Existing Facility or Location ID No.
Number: 13-19A ☐ 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: Partly Cloudy, 45°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 dump line removal activities associated with the Camp 13-19A facility, historical petroleum hydrocarbon impacts to the subsurface were encountered. The volume of the release is unknown. An excavation groundwater sample (GW01) collected on December 10, 2019 indicated benzene exceeded the COGCC Table 910-1 allowable level for groundwater. Assessment 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 groundwater sample results are summarized in Table 1. 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>
12/11/2019	Weld County	Weld County	-	Notified via Office of Emergency Management Online Spill Report
12/12/2019	Landowner	Landowner	-	Notified via 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: Erik Mickelson

Title: Staff Environmental Rep. Date: 12/13/2019 Email: Erik_Mickelson@oxy.com

COA Type **Description**

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402260692	OTHER
402261072	TOPOGRAPHIC MAP
402263009	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)