

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402260584

Date Received:

12/13/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

469883

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 LPOperator No: 47120Address: P O BOX 173779City: DENVERState: COZip: 80217-3779Contact Person: Erik Mickelson

Phone Numbers

Phone: (720) 929-4306Mobile: ()Email: Erik.Mickelson@oxy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402260584Initial Report Date: 12/11/2019Date of Discovery: 12/11/2019Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 19 TWP 3N RNG 66W MERIDIAN 6Latitude: 40.207980 Longitude: -104.826563Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY☐ Facility/Location ID No _____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): UnknownEstimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHEROther(Specify): Tank Battery PadWeather Condition: Partly Cloudy, 45°FSurface 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

	Provide documentation justifying closure request within 45 days of release via supplemental form 19. Impacts to groundwater require submission of site investigation and remediation plan. Submit form 27 for approval within 45 days of spill and as part of spill closure (25 January 2020).
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402260584	SPILL/RELEASE REPORT(INITIAL)
402260692	OTHER
402261072	TOPOGRAPHIC MAP
402263009	ANALYTICAL RESULTS
402263094	FORM 19 SUBMITTED

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	changed to not at a facility to preserve coordinates of spill spill on general area of location 336084	12/14/2019

Total: 1 comment(s)