

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:

402424754

Date Received:

06/19/2020

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: (970) 515-1698 Mobile: () Email: Gregory_Hamilton@oxy.com
Address: P O BOX 173779		
City: DENVER	State: CO Zip: 80217-3779	
Contact Person: Greg Hamilton		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402424754

Initial Report Date: 06/17/2020 Date of Discovery: 06/17/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NESW SEC 33 TWP 3N RNG 68W MERIDIAN 6

Latitude: 40.181502 Longitude: -105.009788

Municipality (if within municipal boundaries): City of Longmont County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 449884
 Spill/Release Point Name: Newby State 27N-33HZ ☐ Well API No. (Only if the reference facility is well) 05- -
☐ No Existing Facility or Location ID No.

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): >=1 and <5 Estimated Condensate Spill Volume(bbl): 0

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: OTHER Other(Specify): Tank Battery Pad

Weather Condition: Sunny, 80°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):

While hot oiling the flowlines at the Newby State 27N-33HZ facility, approximately 2 barrels of oil was released on to the ground surface outside of containment. Assessment activities are ongoing at this time. The 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.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
6/17/2020	Weld County	Weld County	-	Notified via Office of Emergency Management Online Spill Report
6/17/2020	City of Longmont	Landowner	-	Notified via Email

Was there a Grade 1 Gas Leak? Yes ☐ No ☒

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

Was there damage during excavation? Yes ☐ No ☒

If YES, was CO 811 notified prior to excavation? Yes ☐ No ☐

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: Greg Hamilton

Title: Sr. Staff Enviro. Rep. Date: 06/19/2020 Email: Gregory_Hamilton@oxy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402424859	OTHER
402426725	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)