

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402433811

Date Received:

07/02/2020

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

477085

## 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: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Operator No: <u>47120</u>	<b>Phone Numbers</b>
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 515-1698</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-3779</u>
Contact Person: <u>Greg Hamilton</u>		Mobile: <u>( )</u>
		Email: <u>Gregory_Hamilton@oxy.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402431451

Initial Report Date: 06/25/2020 Date of Discovery: 06/25/2020 Spill Type: Historical Release

#### Spill/Release Point Location:

QTRQTR SENW SEC 28 TWP 3N RNG 66W MERIDIAN 6Latitude: 40.196133 Longitude: -104.786544Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY☐ Facility/Location ID No \_\_\_\_\_Spill/Release Point Name: HSR-Jerry D 11-28A☐ 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): 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: Sunny, 80°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 plugging and abandonment activities at the HSR-Jerry D 11-28A facility, historical petroleum hydrocarbon impacts were encountered beneath the partially buried produced water vessel. The volume of the release is unknown. 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**

Date	Agency/Party	Contact	Phone	Response
6/25/2020	Weld County	Weld County	-	Notified via Office of Emergency Management Online Spill Report
6/25/2020	Landowner	Landowner	-	Notified via Phone

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 ☐

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 07/02/2020		
<b>FLUIDS</b>	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? NO Was an Emergency Pit constructed? NO

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**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) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): \_\_\_\_\_ Width of Impact (feet): \_\_\_\_\_

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Assessment details will be provided in an upcoming Form 27 Supplemental.

Soil/Geology Description:

Sand and Clay (SC)

Depth to Groundwater (feet BGS) 14 Number Water Wells within 1/2 mile radius: 2

Additional Spill Details Not Provided Above:

### Description

**Attachment Check List**

**Att Doc Num**

**Name**

402433811	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402433823	TOPOGRAPHIC MAP
402436429	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)