

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402610060

Date Received:

02/26/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

479427

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402603770

Initial Report Date: 02/19/2021 Date of Discovery: 02/18/2021 Spill Type: Recent Spill

Spill/Release Point Location:

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

Latitude: 40.176577 Longitude: -105.003396

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No: 449884
Spill/Release Point Name: Newby 15-33HZ 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): 0 Estimated Condensate Spill Volume(bbl): 0
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: Sunny 40°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 February 18, 2021, produced water released from the main water trunk line at the Newby 15-33HZ facility. Assessment activities are ongoing. The assessment details 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
2/18/2021	Weld County	Weld County	-	Notified via Email
2/18/2021	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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	02/26/2021		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input 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 type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> 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 and remediation activities are ongoing. Confirmation soil samples will be collected from the excavation areas for laboratory analysis of the full Table 915-1 list for soil (as applicable). The analytical results and assessment details will be provided in a supplemental report.				
Soil/Geology Description:				
TBD				
Depth to Groundwater (feet BGS)		10	Number Water Wells within 1/2 mile radius: 7	

If less than 1 mile, distance in feet to nearest
 Water Well 700 None Surface Water 500 None
 Wetlands _____ None Springs _____ None
 Livestock 2280 None Occupied Building 1250 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/26/2021

Root Cause of Spill/Release Pipe, Weld, or Joint Failure

Other (specify) _____

Type of Equipment at Point of Spill/Release: Other

If "Other" selected above, specify or describe here:

Main Water Trunk Line

Describe Incident & Root Cause (include specific equipment and point of failure)

On February 18, 2021, produced water released from the main water trunk line at the Newby 15-33HZ facility.

Describe measures taken to prevent the problem(s) from reoccurring:

The line will be repaired.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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: _____

OPERATOR COMMENTS:

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: Environmental Consultant Date: 02/26/2021 Email: Gregory_Hamilton@oxy.com

COA Type	Description

Attachment List

Att Doc Num

Name

402610067

TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)