

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402611961

Date Received:

03/01/2021

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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 & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
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>		Mobile: <u>()</u>
Contact Person: <u>Greg Hamilton</u>		Email: <u>Gregory_Hamilton@oxy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402611961

Initial Report Date: 02/26/2021 Date of Discovery: 02/14/2021 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SENW SEC 36 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.096626 Longitude: -104.953883

Municipality (if within municipal boundaries): Frederick County: WELD

Reference Location:

Facility Type: WELL Facility/Location ID No _____
 Spill/Release Point Name: Dacono State 6-36 Well API No. (Only if the reference facility is well) 05-123-26490
 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): <u>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>Unknown</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: 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):

During cut and cap activities at the Dacono State 6-36 wellhead, historical pH impacted soil was discovered. The volume of the release is unknown. Assessment activities are ongoing. The impacted soil will be excavated. Assessment activities 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
2/26/2021	Weld County	Weld County	-	Notified via Email
2/26/2021	Town of Frederick	Jennifer Simmons	-	Notified via Email
2/26/2021	Landowner	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: 03/01/2021		
FLUIDS	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? <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 Form 27 report (Remediation No. 16274; Form 27 Initial Document No. 402574987).			
Soil/Geology Description:			
TBD			

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 0
 If less than 1 mile, distance in feet to nearest Water Well 2740 None Surface Water 2700 None
 Wetlands _____ None Springs _____ None
 Livestock 2670 None Occupied Building 2000 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/01/2021

Root Cause of Spill/Release Unknown (Historical)
 Other (specify) _____

Type of Equipment at Point of Spill/Release: Wellhead Line
 If "Other" selected above, specify or describe here:

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

During cut and cap activities at the Dacono State 6-36 wellhead, historical pH impacted soil was discovered. The volume of the release is unknown.

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

The well is being plugged and abandoned.

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: 16274

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: 03/01/2021 Email: Gregory_Hamilton@oxy.com

<u>COA Type</u>	<u>Description</u>

Attachment List

Att Doc Num

Name

402612269	TOPOGRAPHIC MAP
402612270	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)