

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

402611961

Date Received:

03/01/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

479535

### 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 &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>		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

Table with 5 columns: Date, Agency/Party, Contact, Phone, Response. Rows include Weld County, Town of Frederick, and Landowner, all with 'Notified via Email' responses.

Was there a Grade 1 Gas Leak? Yes [ ] No [X]

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 [X]

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

Was there damage during excavation? Yes [ ] No [X]

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

SPILL/RELEASE DETAIL REPORTS

Form for Spill/Release Detail Reports. Includes fields for report date (03/01/2021), fluid types (OIL, CONDENSATE, PRODUCED WATER, DRILLING FLUID, FLOW BACK FLUID, OTHER E&P WASTE), spill/recovery status, containment status (NO), emergency pit construction (NO), impacted media (Soil checked), and impact dimensions. Includes a note about ongoing assessment and remediation activities.

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

COA Type	Description

## Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402611961	SPILL/RELEASE REPORT(I/S)
402612269	TOPOGRAPHIC MAP
402612270	OTHER
402616735	FORM 19 SUBMITTED

Total Attach: 4 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)