

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:

402618528

Date Received:

03/05/2021

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: <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# 402618528

Initial Report Date: 03/04/2021 Date of Discovery: 03/04/2021 Spill Type: Recent Spill

Spill/Release Point Location:

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

Latitude: 40.176577 Longitude: -105.003663

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

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: Newby State 36N-4HZ Well API No. (Only if the reference facility is well) 05-123-45091

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? No

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>>0 and <1</u>	Estimated Condensate Spill Volume(bbl): <u>>0 and <1</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>0 and <1</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): Well Pad and Agriculture

Weather Condition: Cloudy 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 March 4, 2021, a small amount of product misted off location during hot oiling operations at the Newby State 36N-4HZ wellhead. The release has been controlled. The volume of the release is approximately one quart. Assessment activities are ongoing, and 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

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/4/2021	Weld County	Weld County	-	Notified via Email
3/4/2021	Landowner	Landowner	-	Notified via Email
3/4/2021	• Colorado Parks and Wildlife	Brandon Marrette	-	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: Environmental Consultant Date: 03/05/2021 Email: Gregory_Hamilton@oxy.com

COA Type

Description

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Attachment List

Att Doc Num	Name
402619368	OTHER
402619379	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)