

State of Colorado  
Oil and Gas Conservation Commission

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



Document Number:

402618667

Date Received:

03/05/2021

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

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402618667

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

#### Spill/Release Point Location:

QTRQTR SESE SEC 19 TWP 1N RNG 65W MERIDIAN 6

Latitude: 40.029854 Longitude: -104.699372

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 329546

Spill/Release Point Name: ELLS XX 19-4D

☐ 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): Unknown

Estimated Condensate Spill Volume(bbl): Unknown

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: OTHER

Other(Specify): Tank Battery Facility

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, during deconstruction activities at the Ells XX 19-4D facility, historical petroleum hydrocarbon impacted soil was discovered. The volume of the release is unknown. 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
3/4/2021	Weld County	Weld County	-	Notified via Email
3/4/2021	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: 03/05/2021		
<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, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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:			
Sandy Clay (CL)			
Depth to Groundwater (feet BGS) 20		Number Water Wells within 1/2 mile radius: 19	

## Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402618717	TOPOGRAPHIC MAP
402619188	OTHER

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)