

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402630822

Date Received:

03/19/2021

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@ox y.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402630822

Initial Report Date: 03/17/2021 Date of Discovery: 03/16/2021 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SWSE SEC 2 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.075916 Longitude: -104.853929

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

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: Ackerson, Ellanora M GU Well API No. (Only if the reference facility is well) 05-123-10185

2 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: OTHER Other(Specify): Tank Battery and Well Pad

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):

During cut and cap activities at the Ackerson, Ellanora M GU 2 wellhead, historically 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

Table with 5 columns: Date, Agency/Party, Contact, Phone, Response. Rows include Weld County and Landowner notifications from 3/16/2021 and 3/17/2021.

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

#1 Supplemental Report Date: 03/19/2021

Table for spill/release details with columns: FLUIDS, BBL's SPILLED, BBL's RECOVERED, Unknown. Rows include OIL, CONDENSATE, PRODUCED WATER, DRILLING FLUID, FLOW BACK FLUID, OTHER E&P WASTE.

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

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) [X] Soil [] Groundwater [] Surface Water [] 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. 16278; Form 27 Initial Document No. 402575099).

Soil/Geology Description:

Clay (CL)

Depth to Groundwater (feet BGS) 10

Number Water Wells within 1/2 mile radius: 26

If less than 1 mile, distance in feet to nearest
 Water Well 680 None Surface Water 110 None
 Wetlands _____ None Springs _____ None
 Livestock 720 None Occupied Building 720 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/19/2021

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 Ackerson, Ellanora M GU 2 wellhead, historically 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: 16278

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: 03/19/2021 Email: Gregory_Hamilton@oxy.com

COA Type	Description

Attachment List

Att Doc Num**Name**

402631534	TOPOGRAPHIC MAP
402631536	OTHER

Total Attach: 2 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)