

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

402630822

Date Received:

03/19/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

479697

### 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# 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 2  Well API No. (Only if the reference facility is well) 05-123-10185

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

Date	Agency/Party	Contact	Phone	Response
3/16/2021	Weld County	Weld County	-	Notified via Email
3/17/2021	Landowner	Landowner	-	Notified via Voicemail and Mail

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:	03/19/2021		
<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
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<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 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

<u>Att Doc Num</u>	<u>Name</u>
402630822	SPILL/RELEASE REPORT(I/S)
402631534	TOPOGRAPHIC MAP
402631536	OTHER
402642787	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)