

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

403159803

Date Received:

09/08/2022

Spill report taken by:

Brown, Kari

Spill/Release Point ID:

482371

**SPILL/RELEASE REPORT (SUPPLEMENTAL)**

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

**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) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1698</u>
Contact Person: <u>Gregory Hamilton</u>		Email: <u>Gregory_Hamilton@ox y.com</u>

Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 403076494

Initial Report Date: 06/13/2022 Date of Discovery: 06/13/2022 Spill Type: Historical Release

**Spill/Release Point Location:**

QTRQTR NWSE SEC 6 TWP 1N RNG 66W MERIDIAN 6

Latitude: 40.077534 Longitude: -104.818122

Municipality (if within municipal boundaries): Fort Lupton County: WELD

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

**Reference Location:**

Facility Type: TANK BATTERY  Facility/Location ID No 318259

Spill/Release Point Name: Deason William GU 1 Tank Battery  Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID 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: \_\_\_\_\_

Has the subject Spill/Release been controlled at the time of reporting? Yes

**Land Use:**

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Sunny, ~95 degrees F

Surface Owner: FEE Other(Specify): \_\_\_\_\_

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

On June 13, 2022, historical soil impacts were discovered during reclamation activities at the Deason William GU 1 O SA Production Facility. Excavation and assessment activities are ongoing. A topographic Site Location Map showing the geographic setting of the release is provided as Figure 1.

**List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
6/13/2022	City of Fort Lupton	T. Hodges	--email	
6/14/2022	Landowner	Private	--phone	
6/13/2022	Weld County	J. Maxey	--email	
6/13/2022	Weld County	R. Rudisill	--email	

**REPORT CRITERIA**

**Rule 912.b.(1) Report to the Director (select all criteria that apply):**

No Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.

Waters of the State: \_\_\_\_\_ Public Water System: \_\_\_\_\_

Residence or Occupied Structure: \_\_\_\_\_ Livestock: \_\_\_\_\_

Wildlife: \_\_\_\_\_ Publicly-Maintained Road: \_\_\_\_\_

No Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.

No Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.

No Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak

Enter the approximate time of discovery \_\_\_\_\_ (HH:MM)

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? \_\_\_\_\_

Enter the Document Number of the Initial Accident Report, Form 22 \_\_\_\_\_

Was there damage during excavation? \_\_\_\_\_

Was CO 811 notified prior to excavation? \_\_\_\_\_

Yes Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.

Estimated Volume of Impacted Solids (cu. yd.): 360

Yes Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:

The presence of free product or hydrocarbon sheen Surface Water

The presence of free product or hydrocarbon sheen on Groundwater

The presence of contaminated soil in contact with Groundwater

The presence of contaminated soil in contact with Surface water

Yes Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylight from the subsurface.

No Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property.

Areas offsite of Oil & Gas Location  Off-Location Flowline right of way

No Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.

No Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 09/08/2022

FLUIDS	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, 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)  Soil  Groundwater  Surface Water  Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 44 Width of Impact (feet): 28

Depth of Impact (feet BGS): 6 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Reference Supplemental Form 19 (Document No. 403085771) and Initial Form 27 (Document No. 403158691).

Soil/Geology Description:

Fat clay (CH)

Depth to Groundwater (feet BGS) 3 Number Water Wells within 1/2 mile radius: 94

If less than 1 mile, distance in feet to nearest

Water Well	<u>290</u>	None <input type="checkbox"/>	Surface Water	<u>70</u>	None <input type="checkbox"/>
Wetlands	<u>70</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>3350</u>	None <input type="checkbox"/>	Occupied Building	<u>180</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/08/2022

Root Cause of Spill/Release Unknown (Historical)

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Other

If "Other" selected above, specify or describe here:

Tank Battery

Describe Incident & Root Cause (include specific equipment and point of failure)

Historical impacts were discovered during reclamation activities at the former production facility location.

Describe measures taken to prevent the problem(s) from reoccurring:

Site infrastructure has been removed and will not be replaced.

Volume of Soil Excavated (cubic yards): 360

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, check all that apply)

Horizontal and Vertical extents of impacts have been delineated.

Documentation of compliance with Table 915-1 is attached.

All E&P Waste has been properly treated or disposed.

Work proceeding under an approved Form 27 (Rule 912.c).

Form 27 Remediation Project No: 24884

SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

## 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: Gregory Hamilton

Title: Environmental Consultant Date: 09/08/2022 Email: Gregory\_Hamilton@oxy.com

## Condition of Approval

**COA Type****Description**

	Quarterly reporting is required under Remediation Project #24884.
1 COA	

### Attachment List

**Att Doc Num****Name**

403159803	SPILL/RELEASE REPORT(SUPPLEMENTAL)
403165939	FORM 19 SUBMITTED

Total Attach: 2 Files

### General Comments

**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)