

State of Colorado  
Energy & Carbon Management Commission

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



Document Number:

403702004

Date Received:

03/01/2024

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 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) 515-1698</u>          |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>  |                           | Mobile: <u>( )</u>                    |
| Contact Person: <u>Gregory Hamilton</u>                      |                           | Email: <u>Gregory.Hamilton@ox.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# 403702004

Initial Report Date: 02/28/2024 Date of Discovery: 02/28/2024 Spill Type: Historical Release

#### Spill/Release Point Location:

QTRQTR SWNW SEC 17 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.228640 Longitude: -104.919550

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

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

Check this box if this spill/release is related to a loss of integrity of a flowline, pipeline, crude oil transfer line, or produced water transfer line.

#### Reference Location:

Facility Type: WELL SITE

Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: Elliott Karl Unit True 1 Wellhead

Well API No. (Only if the reference facility is well) 05-123-11370

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: Windy 55°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):

While conducting wellhead plugging and abandonment activities at the Elliott Karl Unit True 1 Wellhead, historically impacted soil was discovered at the wellhead. The volume of the release is unknown. Assessment activities are ongoing. The assessment details will be summarized in a supplemental Form 27 report (Remediation No. 32989; Form 27 Initial Document No. 403590911). The 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>    |
|-------------|---------------------|----------------|--------------|--------------------|
| 2/28/2024   | Weld County         | Weld County    | ---          | Notified via email |
| 2/29/2024   | Surface Owner       | Surface Owner  | ---          | Notified via 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.): 10

No 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.<br><br><input type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> 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: <u>02/28/2024</u>          |   |                                     |
| <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  | <u>0</u>   | <u>0</u>  | <input type="checkbox"/>            |
| FLOW BACK FLUID   | <u>0</u>   | <u>0</u>  | <input type="checkbox"/>            |
| OTHER E&P WASTE   | <u>0</u>   | <u>0</u>  | <input type="checkbox"/>            |
| specify: _____  |  |   |                                     |
| Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>   |  |   |                                     |
| <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 being conducted under Table 915-1 standards and the impacted soil will be removed. The analytical results and assessment details will be provided in a supplemental Form 27 report (Remediation No. 32989; Form 27 Initial Document No. 403590911). A photo log is included as an attachment. |  |   |                                     |
| Soil/Geology Description:   |  |   |                                     |
| Clayey Sand (SC)  |  |   |                                     |
| Depth to Groundwater (feet BGS) <u>20</u>   |  | Number Water Wells within 1/2 mile radius: <u>16</u>        |                                     |
| If less than 1 mile, distance in feet to nearest  | Water Well <u>1490</u> None <input type="checkbox"/> | Surface Water <u>340</u> None <input type="checkbox"/>      |                                     |
|   | Wetlands <u>480</u> None <input type="checkbox"/>    | Springs _____ None <input checked="" type="checkbox"/>      |                                     |
|   | Livestock <u>1730</u> None <input type="checkbox"/>  | Occupied Building <u>2370</u> None <input type="checkbox"/> |                                     |
| Additional Spill Details Not Provided Above:  |  |   |                                     |
|   |  |   |                                     |

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/28/2024

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:

Empty text box for specifying or describing the "Other" equipment type.

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

While conducting wellhead plugging and abandonment activities at the Elliott Karl Unit True 1 Wellhead, historically impacted soil was discovered at the wellhead. The volume of the release is unknown. Assessment activities are ongoing.

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

The wellhead has been 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, 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: 32989
 SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

Empty text box for 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 Lead Date: 03/01/2024 Email: Gregory\_Hamilton@oxy.com

Table with 2 columns: COA Type, Description. Row 1: 0 COA

Attachment List

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

|           |                     |
|-----------|---------------------|
| 403705039 | TOPOGRAPHIC MAP     |
| 403705040 | CORRESPONDENCE      |
| 403705041 | PHOTO DOCUMENTATION |

Total Attach: 3 Files

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

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

Total: 0 comment(s)