

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

404011652

Date Received:

12/05/2024

Spill report taken by:

Brown, Kari

Spill/Release Point ID:

488681

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 ECMC 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 & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 515-1727</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>()</u>
Contact Person: <u>Eve Bugarin</u>		Email: <u>DJRemediation_Forms@oxy.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# 404011652

Initial Report Date: 12/02/2024 Date of Discovery: 12/02/2024 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NWNE SEC 6 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.173892 Longitude: -104.930575

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 Facility/Location ID No _____

Spill/Release Point Name: HSR-French 2-6 Wellhead Well API No. (Only if the reference facility is well) 05-123-20454

No Existing Facility or Location ID 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: _____

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: ~64 degrees F, sunny

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 December 02, 2024, following cut and cap operations at the HSR-French 2-6 Wellhead, historically impacted soil was discovered adjacent to the wellhead riser. The volume of the release is unknown. The assessment details will be summarized in a supplemental Form 27 report (Remediation No. 36856; Form 27 Initial Document No.403893371). 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

Date	Agency/Party	Contact	Phone	Response
12/2/2024	Surface owner	Private	-phone	
12/2/2024	Colorado Parks and Wildlife	L. Hamous-Miller	-email	
12/2/2024	Weld County	Weld County	-email	

REPORT CRITERIA

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

Yes 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: Threatened to Impact Public Water System: n/a

Residence or Occupied Structure: n/a Livestock: n/a

Wildlife: n/a Publicly-Maintained Road: n/a

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. <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>12/05/2024</u>		
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	<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 & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <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?			
Following cut and cap operations at the HSR-French 2-6 wellhead location on October 24, 2024, confirmation soil samples were collected from the former wellhead and submitted for laboratory analysis of the full ECMC Table 915-1 using ECMC-approved methods appropriate for detecting the target analytes. Analytical results indicate that the 1-methylnaphthalene and pH concentrations in wellhead soil sample WH-B01@5' exceeded the ECMC Table 915-1 Cleanup Concentrations. Assessment activities are ongoing and will be summarized in a forthcoming quarterly Form 27-Supplemental Site Investigation and Remediation Workplan under Remediation Project No. 36856 (approved Form 27 Document No. 403893371). A topographic Site Location Map showing the geographic setting of the release is provided as Figure 1. The soil sample locations are illustrated on Figure 2. Soil sample location and field screening data are provided in Table 1. Soil analytical results are summarized in Tables 2 through 4. The preliminary laboratory analytical report is provided as Attachment A. Field notes and a photographic log are provided as Attachment B. The State Notification email is provided as Attachment C.			
Soil/Geology Description:			
Silty Sand (SM)			
Depth to Groundwater (feet BGS) <u>7</u>		Number Water Wells within 1/2 mile radius: <u>25</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>134</u> None <input type="checkbox"/>	Surface Water <u>85</u> None <input type="checkbox"/>
		Wetlands <u>665</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock <u>1333</u> None <input type="checkbox"/>	Occupied Building <u>175</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	12/05/2024
Root Cause of Spill/Release <u>Unknown (Historical)</u>		
Other (specify) _____		
Type of Equipment at Point of Spill/Release: <u>Other</u>		
If "Other" selected above, specify or describe here:		
<div style="border: 1px solid black; padding: 5px;">Wellhead</div>		
Describe Incident & Root Cause (include specific equipment and point of failure)		
<div style="border: 1px solid black; padding: 5px;">While conducting wellhead cut and cap operations at the HSR-French 2-6 wellhead, historically impacted soil was discovered adjacent to the wellhead riser. The volume of the release is unknown. Assessment activities are ongoing.</div>		
Describe measures taken to prevent the problem(s) from reoccurring:		
<div style="border: 1px solid black; padding: 5px;">Site infrastructure has been removed and will not be replaced.</div>		
Volume of Soil Excavated (cubic yards): <u>10</u>		
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment		
<input type="checkbox"/> 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: 36856
 - 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: Eve Bugarin
Title: Eng. Staff Environmental Date: 12/05/2024 Email: DJRemediation_Forms@oxy.com

COA Type**Description**

	Quarterly reporting (90 days) is required under Remediation Project #36856. Operator shall include the Spill ID associated with this form on the subsequent Supplemental Form 27 and select Rule 913.c.(3): Remediation of Spill and Releases pursuant to Rule 912 in addition to the previous Rule selection.
1 COA	

ATTACHMENT LIST**Att Doc Num****Name**

404011652	SPILL/RELEASE REPORT(I/S)
404016211	ANALYTICAL RESULTS
404016289	OTHER
404022139	FORM 19 SUBMITTED

Total Attach: 4 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)