

State of Colorado  
Energy & Carbon Management Commission

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Document Number:

404202986

Date Received:

05/16/2025

Spill report taken by:

Metz, Collin

Spill/Release Point ID:

490233

**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 &amp; GAS ONSHORE LP</u>	Operator No: <u>47120</u>	<b>Phone Numbers</b>
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 515-1727</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# 404202986

Initial Report Date: 05/14/2025 Date of Discovery: 05/13/2025 Spill Type: Historical Release

**Spill/Release Point Location:**

QTRQTR SWSE SEC 4 TWP 3N RNG 66W MERIDIAN 6

Latitude: 40.246871 Longitude: -104.779674

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: TANK BATTERY  Facility/Location ID No 487812

Spill/Release Point Name: Bright 10-4-5Y/Schan  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: ~60F Sunny

Surface Owner: FEE

Other(Specify): \_\_\_\_\_



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>05/16/2025</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 historically impacted soil will be removed.			
Soil/Geology Description:			
<u>Olney loamy sand, 1 to 3 percent slopes</u>			
Depth to Groundwater (feet BGS) <u>7</u>		Number Water Wells within 1/2 mile radius: <u>10</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1324</u> None <input type="checkbox"/>	Surface Water <u>112</u> None <input type="checkbox"/>	
	Wetlands <u>112</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock <u>824</u> None <input type="checkbox"/>	Occupied Building <u>523</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/16/2025

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:

Produced water vessel (PWV) and aboveground storage tank (AST)

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

While conducting tank battery removal activities at the Bright 10-4-5Y/Schan facility, historically impacted soil was discovered at the PWV and AST. The volume of the release is unknown. Assessment activities are ongoing.

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

The tank battery is being permanently removed.

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. [X] Work proceeding under an approved Form 27 (Rule 912.c). Form 27 Remediation Project No: 40007 [ ] SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

Waste characterization soil samples (AST-B02@3' and PW-B01@4') and background soil samples were collected on April 28, 2025. There is elevated arsenic (As) present in the waste characterization samples (2.82 mg/kg), but it was below 1.25x the background concentration (5.14 mg/kg). The background arsenic concentration was 4.11 mg/kg. Based on the attached waste characterization data, KMOG proposes an amended sampling and analysis plan to only include TPH, 1,2,4 and 1,3,5-TMB, ethylbenzene, total xylenes, naphthalene, 1 Methylanthalene (M), 2-M, fluorene, boron, SAR, and As.

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: 05/16/2025 Email: DJRemediation\_Forms@oxy.com

**COA Type****Description**

	Quarterly reporting (90 days) is required under Remediation Project #40007. 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**

404202986	FORM 19 SUBMITTED
404207519	TOPOGRAPHIC MAP
404207520	SOIL SAMPLE LOCATION MAP
404207522	ANALYTICAL DATA SUMMARY TABLE(S)
404207523	CORRESPONDENCE
404207524	PHOTO DOCUMENTATION
404207525	LABORATORY ANALYTICAL REPORT

Total Attach: 7 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)