

State of Colorado
Energy & Carbon Management Commission



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

Document Number:

404464681

Date Received:

12/09/2025

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 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# 404464681

Initial Report Date: 12/08/2025 Date of Discovery: 12/08/2025 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SWSW SEC 33 TWP 5N RNG 67W MERIDIAN 6

Latitude: 40.349158 Longitude: -104.905209

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 491281

Spill/Release Point Name: Thompson 13-33 Facility 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: CROP LAND _____

Other(Specify): _____

Weather Condition: Cloudy 52°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 tank battery removal activities at the Thompson 13-33 production facility, historically impacted soil was discovered at the separator. The volume of the release is unknown. Assessment activities are ongoing. The historically impacted soil will be removed and disposed of and confirmation soil samples will be collected in compliance with ECMC Table 915-1. 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> |
|-------------|---------------------|---------------------|--------------|--------------------|
| 12/8/2025 | CO Parks & Wildlife | CO Parks & Wildlife | - | Notified via email |
| 12/9/2025 | Surface Owner | Surface Owner | - | Notified via phone |
| 12/8/2025 | Weld County | Weld County | - | 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? _____

No 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.): _____

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 daylights 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>12/09/2025</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? | | | |
| Assessment and remediation activities are being conducted under Table 915-1 standards and the historically impacted soil will be removed. | | | |
| Soil/Geology Description: | | | |
| Clayey Gravel (GC) | | | |
| Depth to Groundwater (feet BGS) <u>20</u> | | Number Water Wells within 1/2 mile radius: <u>24</u> | |
| If less than 1 mile, distance in feet to nearest | Water Well <u>100</u> None <input type="checkbox"/> | Surface Water <u>1000</u> None <input type="checkbox"/> | |
| | Wetlands <u>370</u> None <input type="checkbox"/> | Springs _____ None <input checked="" type="checkbox"/> | |
| | Livestock <u>470</u> None <input type="checkbox"/> | Occupied Building <u>440</u> None <input type="checkbox"/> | |
| Additional Spill Details Not Provided Above: | | | |
| | | | |

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/09/2025

Root Cause of Spill/Release Unknown (Historical)

Other (specify)

Type of Equipment at Point of Spill/Release: Horizontal Separator

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

Empty text box for specifying other equipment details.

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

While conducting tank battery removal activities at the Thompson 13-33 production facility, historically impacted soil was discovered at the separator. The volume of the release is unknown. Assessment activities are ongoing.

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

The separator has been 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... [] Horizontal and Vertical extents... [] Documentation of compliance... [] All E&P Waste... [X] Work proceeding under an approved Form 27... Form 27 Remediation Project No: 42615 [] SUSPECTED Spill/Release did not occur...

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: Eve Bugarin

Title: Eng. Staff Environmental Date: 12/09/2025 Email: DJRemediation_Forms@oxy.com

COA Type Description

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

ATTACHMENT LIST

Table with 2 columns: Att Doc Num, Name. Row 1: 404465293, LABORATORY ANALYTICAL REPORT

| | |
|-----------|---------------------|
| 404465294 | TOPOGRAPHIC MAP |
| 404465296 | CORRESPONDENCE |
| 404465297 | PHOTO DOCUMENTATION |

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)