

State of Colorado
Energy & Carbon Management Commission



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Document Number:

404578199

Date Received:

03/13/2026

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.

Spill report taken by:

Spill/Release Point ID:

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) 515-0055</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>()</u>
Contact Person: <u>Jaron Bartoszek</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# 404578199

Initial Report Date: 03/12/2026 Date of Discovery: 03/12/2026 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NENW SEC 22 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.218221 Longitude: -104.881316

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 491461

Spill/Release Point Name: William Mayer 3,5-22 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: NON-CROP LAND

Other(Specify): _____

Weather Condition: Partly Cloudy 65°F

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 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>03/13/2026</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:			
Silty Sand (SM)			
Depth to Groundwater (feet BGS) <u>20</u>		Number Water Wells within 1/2 mile radius: <u>17</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>100</u> None <input type="checkbox"/>	Surface Water <u>40</u> None <input type="checkbox"/>
		Wetlands <u>50</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock <u>2260</u> None <input type="checkbox"/>	Occupied Building <u>1140</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/13/2026

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:

AST

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

While conducting tank battery removal activities at the William Mayer 3,5-22 production facility, historically impacted soil was discovered at the AST. The volume of the release is unknown. Assessment activities are ongoing.

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

The AST 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: 43059 [] SUSPECTED Spill/Release did not occur...

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: Jaron Bartoszek

Title: Environmental Advisor Date: 03/13/2026 Email: DJRemediation_Forms@oxy.com

COA Type Description

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

ATTACHMENT LIST

Att Doc Num Name

Table with 2 columns: Att Doc Num, Name. Row 1: 404578711 TOPOGRAPHIC MAP

404578718	CORRESPONDENCE
404578719	PHOTO DOCUMENTATION
404578721	LABORATORY ANALYTICAL REPORT

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)