FORM 19 Rev 8/13

State of Colorado Oil and Gas Conservation Commission

DNR CO

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 400898373

Date Received:

Document Number:

09/11/2015

Spill report taken by: GINTAUTAS, PETER

Spill/Release Point ID: 443194

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATON

Name of Operator: KERR MCGEE OIL & GAS ONSHOR	E LP		Operator	No:	47120	F	Phone Numbers
Address: P O BOX 173779						Phone:	(970) 336-3500
City: DENVER	State:	СО	Zip:	8021	17-3779	Mobile:	<u>(970) 515-1238</u>
Contact Person: Sam LaRue						Email:	Sam.LaRue@anadarko .com

INITIAL SPILL/RELEASE REPORT

Facility Type: TANK BATTERY X Facility/Location ID No 328384 No Existing Facility or Location ID No. Well API No. (Only if the reference facility is well) Fluid(s) Spilled/Released (please answer Yes/No): Was one (1) barrel or more spilled outside of berms or secondary containment? No Secondary containment, including walls & floor regardless of construction material, must any discharge from primary containment until cleanup occurs. Were Five (5) barrels or more spilled? No	05	MERIDIAN 6
Latitude: _40.092300	05	
Municipality (if within municipal boundaries): Reference Location: Facility Type: TANK BATTERY No Existing Facility or Location ID No. Well API No. (Only if the reference facility is well) Fluid(s) Spilled/Released (please answer Yes/No): Was one (1) barrel or more spilled outside of berms or secondary containment? No Secondary containment, including walls & floor regardless of construction material, must any discharge from primary containment until cleanup occurs. Were Five (5) barrels or more spilled? No		impervious to conta
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<u> </u>		
Estimated Total Split Volume: use same ranges as others for values		
Estimated Oil Spill Volume(bbl): 0 Estimated Condensi	ate Spill Volume	e(bbl): Unknown
Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Wa	•	` '
Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling FI	·	· · · ·
Specify:	aia Opiii Voidiii	
Land Use:		
Current Land Use: NON-CROP LAND Other(Specify):		
Weather Condition: 80's, Sunny		
Surface Owner: FEE Other(Specify):		
Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):		

Landfill in Ke	icility. Approximately 21 enesburg, Colorado fo	0 cubic yards of impacted disposal. Excavation ac	ed material have been exc tivities are on-going at thi	parator at the Mayer Et Al-62N65W/33NESE avated and transported to the Buffalo Ridge s location; groundwater has not been subsequent Supplemental Form 19.	
List Agencie	s and Other Parties N				
		OTH	ER NOTIFICATIONS		
<u>Date</u>	Agency/Party	Contact	<u>Phone</u>	Response	
9/10/2015	County	Troy Swain	Email		
9/16/2015	County	Roy Rudisill	Email		
9/10/2015	Private	Land Owner	Phone		
OPERATOR	COMMENTS:	,	,		
I hereby cert	tify all statements made	e in this form are to the be	est of my knowledge true,	correct, and complete.	
I hereby cert	tify all statements made	in this form are to the b	est of my knowledge true, Print Name:	correct, and complete. Sam LaRue	
Signed:	tify all statements made			Sam LaRue	
Signed:			Print Name:	Sam LaRue	
Signed:		Date: Description	Print Name: 09/11/2015 Emai	Sam LaRue	
Signed:	or HSE Representative	Date: Description	Print Name:	Sam LaRue	
Signed:	or HSE Representative	Date: Description Attachr	Print Name: 09/11/2015 Emai	Sam LaRue	
Signed: Title: Seni COA Type Att Doc Nui	or HSE Representative	Date: Description Attachr HIC MAP	Print Name: 09/11/2015 Emai	Sam LaRue	
Signed: Title: Seni COA Type Att Doc Nui 400898416	m Name TOPOGRAP	Date: Description Attachr HIC MAP	Print Name: 09/11/2015 Emai	Sam LaRue	
Signed:	m Name TOPOGRAP	Date: Description Attachr HIC MAP JBMITTED	Print Name: 09/11/2015 Emai	Sam LaRue	

Total: 0 comment(s)