

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401229096

Date Received:

03/10/2017

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

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) 336-3500</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>		Mobile: <u>(970) 515-1431</u>
Contact Person: <u>Paul Schwarz</u>		Email: <u>Paul.Schwarz@anadarko.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401229096

Initial Report Date: 03/09/2017 Date of Discovery: 03/09/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 7 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.236309 Longitude: -104.934179

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☐ Facility/Location ID No _____
☒ No Existing Facility or Location ID No.
☐ Well API No. (Only if the reference facility is well) 05- _____

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? 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: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: Sunny ~ 65 degrees F.

Surface Owner: FEE Other(Specify): _____

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State ☒ Residence/Occupied Structure ☐ Livestock ☐ Public Byway ☐ Surface Water Supply Area ☐

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

On March 7, 2017, historical impacts were discovered during P&A activities at the Hicks Ruth Elizabeth #2 production facility. Soil excavation activities are ongoing and will be summarized in a forthcoming Supplemental Form 19 Release Report. On March 8, 2017, groundwater was encountered within the excavation at approximately 12 feet bgs. A groundwater sample (GW01) was collected and submitted to Origins Laboratory for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX) by USEPA Method 8260C. Analytical results received on March 9, 2017, indicated that the benzene concentration in the groundwater sample GW01 was above the applicable COGCC Table 910-1 standard. A topographic Site Location Map showing the geographic setting of the release is provided as Figure 1. Groundwater analytical results are summarized in Table 1 and the sample location is illustrated on Figure 2. Analytical laboratory reports are provided as Attachment A.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/9/2017	County	Roy Rudisill	-email	
3/9/2017	County	Troy Swain	-email	
3/9/2017	County	Tom Parko	-email	
3/9/2017	Private	Landowner	-email	

OPERATOR COMMENTS:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Paul Schwarz

Title: HSE Representative Date: 03/10/2017 Email: Paul.Schwarz@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401229599	ANALYTICAL RESULTS
401229601	TOPOGRAPHIC MAP
401229664	ANALYTICAL RESULTS
401229665	FORM 19 SUBMITTED
401230016	SITE MAP

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)