

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401334823

Date Received:

07/10/2017

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

449646

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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: KERR MCGEE OIL & GAS ONSHORE LP	Operator No: 47120	Phone Numbers
Address: P O BOX 173779		Phone: (970) 336-3500
City: DENVER	State: CO	Mobile: (970) 515-1431
Zip: 80217-3779		Email: Paul.Schwarz@anadar ko.com
Contact Person: Paul Schwarz		

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

Date	Agency/Party	Contact	Phone	Response
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	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/07/2017		
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	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<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 checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>42</u>		Width of Impact (feet): <u>34</u>	
Depth of Impact (feet BGS): <u>12</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Reference Supplemental Form 19 (Document No. 401233903) and Initial eForm 27 (Document No. 401280835).			
Soil/Geology Description:			
Silty sand overlying claystone.			
Depth to Groundwater (feet BGS) <u>12</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>2600</u> None <input type="checkbox"/>	Surface Water <u>1750</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock <u>1650</u> None <input type="checkbox"/>	Occupied Building <u>1075</u> None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

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)

☒ Work proceeding under an approved Form 27

Form 27 Remediation Project No: 10193

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: Paul Schwarz

Title: HSE Representative Date: 07/10/2017 Email: Paul.Schwarz@anadarko.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)