

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

400867913

Date Received:

07/14/2015

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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 INFORMATION

Name of Operator: <u>CHEVRON PRODUCTION COMPANY</u>	Operator No: <u>16700</u>	Phone Numbers
Address: <u>100 CHEVRON RD</u>		Phone: <u>(970) 675</u>
City: <u>RANGELY</u>	State: <u>CO</u>	Mobile: <u>() 3814</u>
Zip: <u>81648</u>		Email: <u>vali@chevron.com</u>
Contact Person: <u>Ross Alire</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400867541

Initial Report Date: 07/14/2015 Date of Discovery: 07/11/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 14 TWP 2n RNG 103W MERIDIAN 6

Latitude: 40.139703 Longitude: -108.919326

Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: FLOWLINE

☐ Facility/Location ID No _____

☐ No Existing Facility or Location ID No.

☒ Well API No. (Only if the reference facility is well) 05-103-07692

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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): BLM

Weather Condition: 70 F sunny

Surface Owner: FEDERAL

Other(Specify): BLM Land

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):

Saturday (07-11-2015) at approximately 06:10AM a produced water leak occurred on the 3" lateral Injection line 80 feet east of injection well AC McLaughlin 60X. Approximately 9.4 BBLs of produced water and 0 BBLs oil were released. Lateral line was shut in immediately upon detection. Vacuum truck recovered an estimated 9 BBLs water. Area will be water washed and soil samples will be taken.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/11/2015	COGCC	Chris Neidel	-	email -0917 hrs
7/11/2015	Chevron landman	Chris Cooper	-	email-0920 hrs
7/11/2015	Rio Blanco County	Mark spargue	-	email 0922 hrs

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: _____

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

Signed: _____ Print Name: Ross Alire

Title: HES Specialist Date: 07/14/2015 Email: vali@chevron.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400867918	SITE MAP

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)