

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:

400952151

Date Received:

12/10/2015

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

443904

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) 6753814</u>
City: <u>RANGELY</u>	State: <u>CO</u>	Zip: <u>81648</u>
Contact Person: <u>Ross Alire</u>		Mobile: <u>()</u>
		Email: <u>vali@chevron.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400932888

Initial Report Date: 11/08/2015 Date of Discovery: 11/08/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 18 TWP 2N RNG 102W MERIDIAN 6Latitude: 40.144846 Longitude: -108.892955Municipality (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) 05-103-06124

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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 215 bbls water spilled 200 recovered.

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 65 FSurface Owner: FEDERALOther(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):

Sunday (11-08-2015) at approximately 8:45 AM a leak occurred on the 3 inch Steel lateral injection line 100 feet north of Gray B5. Approximately 215 BBLs of produced water and 0 BBLs oil were released. All lines were shut in immediately upon detection. Vacuum truck recovered an estimated 200 BBLs. The affected area will be water washed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/8/2015	COGCC	Kris Neidel	970-871-1963	E Form 19 initial
11/8/2015	BLM	JR Wilson	970-878-3825	Email
11/8/2015	Rio Blanco County	Mark Spargue	970-878-9584	Email
11/8/2015	Chevron Landman	Chris cooper	432-687-7730	Email
11/8/2015	CDPHE	phone message	877-518-5608	call center phone message

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: _____

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: Ross

Title: HES Date: 12/10/2015 Email: vali@chevron.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400952151	FORM 19 SUBMITTED
400952165	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)