

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:

400956474

Date Received:

12/17/2015

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444327

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) 675-3705</u>
City: <u>RANGELY</u>	State: <u>CO</u>	Zip: <u>81648</u>
Contact Person: <u>Tammie Lee Crossen</u>		Mobile: <u>()</u>
		Email: <u>tvzf@chevron.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400953822

Initial Report Date: 12/14/2015 Date of Discovery: 12/14/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 15 TWP 2N RNG 103W MERIDIAN 6Latitude: 40.141300 Longitude: -108.949500Municipality (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- -

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): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 10 degreee and cloudySurface Owner: FEDERALOther(Specify): BLM

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):

Today, Monday (12-14-2015) at approximately 10:12 AM a leak occurred on the main lateral line to Rooth 1. Approximately 46.5 BBLs of produced water and 0 BBLs oil were released due to internal corrosion on the 8" cement lined pipe. The lines were shut in immediately upon detection. Vacuum truck recovered an estimated 30 BBLs. The affected area is being water washed today and soil samples will be taken to meet the COGCC 910-1 table. Spill was in a dry erosion channel and CDPHE was notified.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/14/2015	CDPHE	Hotline	877-518-5608	Spoke to Ann
12/14/2015	COGCC	Kris Neidel	970-871-1963	Emailed
12/14/2015	BLM	JR Wilson	970-878-3825	Emailed
12/14/2015	Rio Blanco County	Mark Sprague	970-878-9584	Emailed
12/14/2015	Chevron Landman	Chris Cooper	432-687-7730	Emailed.

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: Tammie LeeCrossen

Title: HE Specialist Date: 12/17/2015 Email: tvzf@chevron.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400956477	SITE MAP
400956480	OTHER
400956485	OTHER

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)