

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: CHEVRON PRODUCTION COMPANY	Operator No: 16700	Phone Numbers
Address: 100 CHEVRON RD		Phone: (970) 675-3705
City: RANGELY State: CO Zip: 81648		Mobile: ()
Contact Person: Tammie Lee Crossen		Email: tvzf@chevron.com

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 6

Latitude: 40.141300 Longitude: -108.949500

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- -

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):

Weather Condition: 10 degreee and cloudy

Surface Owner: FEDERAL Other(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

<u>Att Doc Num</u>	<u>Name</u>
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)