

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:

400959009

Date Received:

12/22/2015

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444035

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 Phone: (970) 675-3705 Mobile: () Email: tvzf@chevron.com
Address: 100 CHEVRON RD		
City: RANGELY	State: CO Zip: 81648	
Contact Person: Tammie Lee Crossen		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400937295

Initial Report Date: 11/16/2015 Date of Discovery: 11/15/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 31 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.097600 Longitude: -108.879000

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) 05-103-06263

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): >=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: 45 Sunny

Surface Owner: OTHER (SPECIFY)

Other(Specify): Atlas

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 (11-15-2015) at approximately 10:00AM a leak occurred on Union Pacific 34-31 injection line. Approximately 168.6 BBLs of produced water and 0BBLs oil were released due to internal corrosion on a 3" coated spool. The lines were shut in immediately upon detection. Vacuum truck recovered estimated 70 BBLs produced water. Spill started at 40.0976, -108.8790 and ended at 40.1022, -108.87. This area will be water washed and soil samples will be taken to meet COGCC 910-1 table.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/15/2015	COGCC	Kris Neidel	970-675-3705	Emailed
11/15/2015	Rio Blanco	Mark Sprague	970-878-9584	Emailed
11/15/2015	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 Lee Crossen

Title: HE Specialist Date: 12/22/2015 Email: tvzf@chevron.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400959017	OTHER
400959018	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)